

Name  
in  
Full

Soah H. Armstrong

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Snow Hill	Hancock		
Date of death	Month	Day	Years
1909	December	1st	Age 12
Months			2
Days			8
Sex	Male	Color or Race	Black
Occupation	Laborer	Where Residing if not at place of death	Hancock Co. Md, Snow Hill Md,
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	George N. Armstrong	Father's Birthplace	Hancock Co. Md
Mother's Maiden Name	Lidia Johnson	Mother's Birthplace	Hancock Co. Md,
Name of person giving Information	George Armstrong	How related to deceased	Father

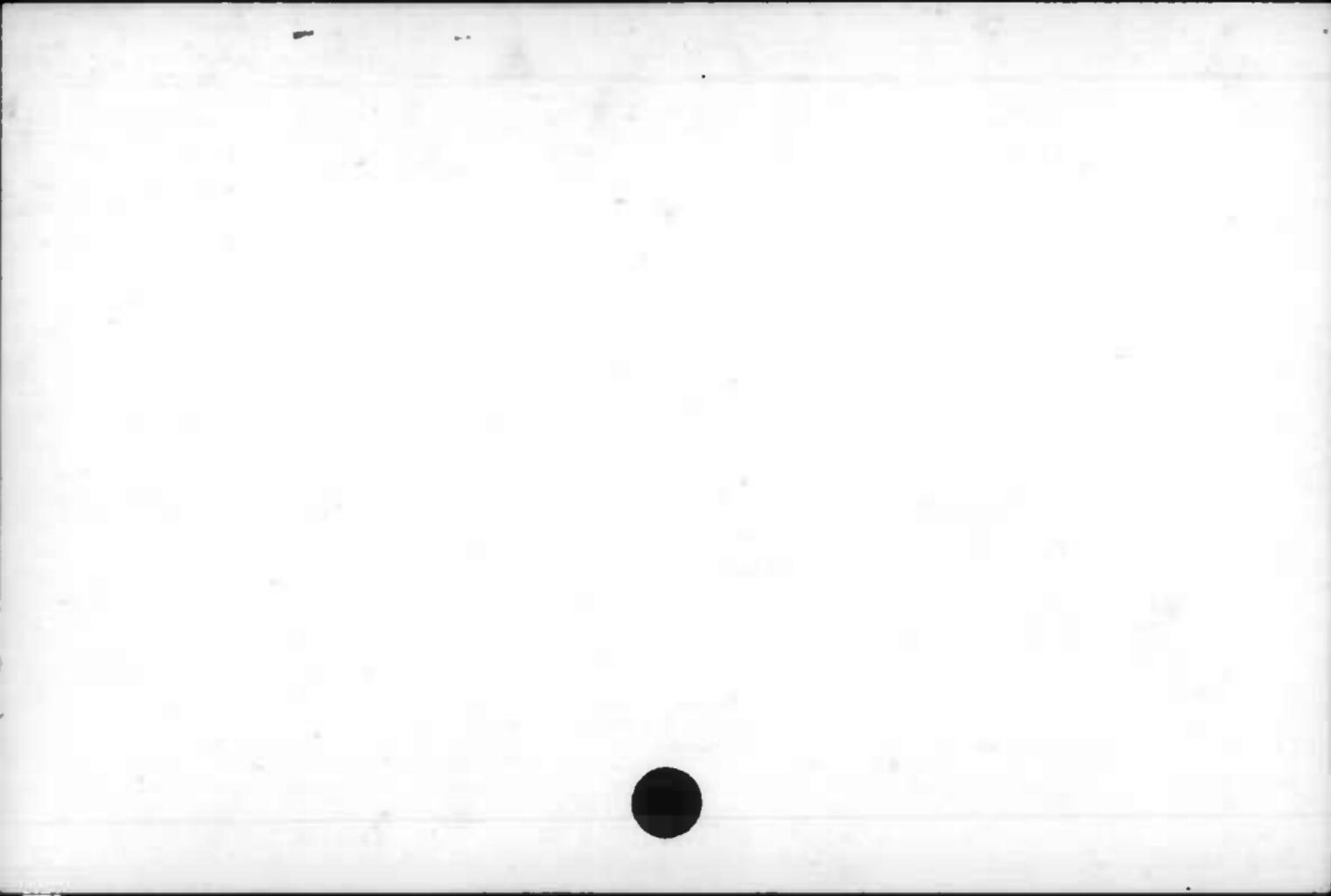
CAUSES OF DEATH

27

Primary	Tuberculosis of Lungs	
Immediate	Heart Failure	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
I think so	John Sydelotte	Snow Hill Md.
Accident or Suicide		

PHYSICIAN  
OR CORONER





Name  
in  
Full

Mary Ayers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County			MARYLAND	
Died at	Bladensburg	Month	Nov.	Months	Days
Date of death	1909 Dec. 4	Day	Age 37	—	—
Sex	Female	Color or Race	Col.	Birth-place	Near Berlin
Occupation	Servant			Where Residing if not at place of death	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Isaac Ayers			Father's Birthplace	Near Berlin
Mother's Maiden Name	Minty Ayers			Mother's Birthplace	" "
Name of person giving Information	Esilda Ayers			How related to deceased	Brs.

CAUSES OF DEATH

179

New long

Primary

No Dr. in attendance

Immediate

Unknown

How long

Six Mo.

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

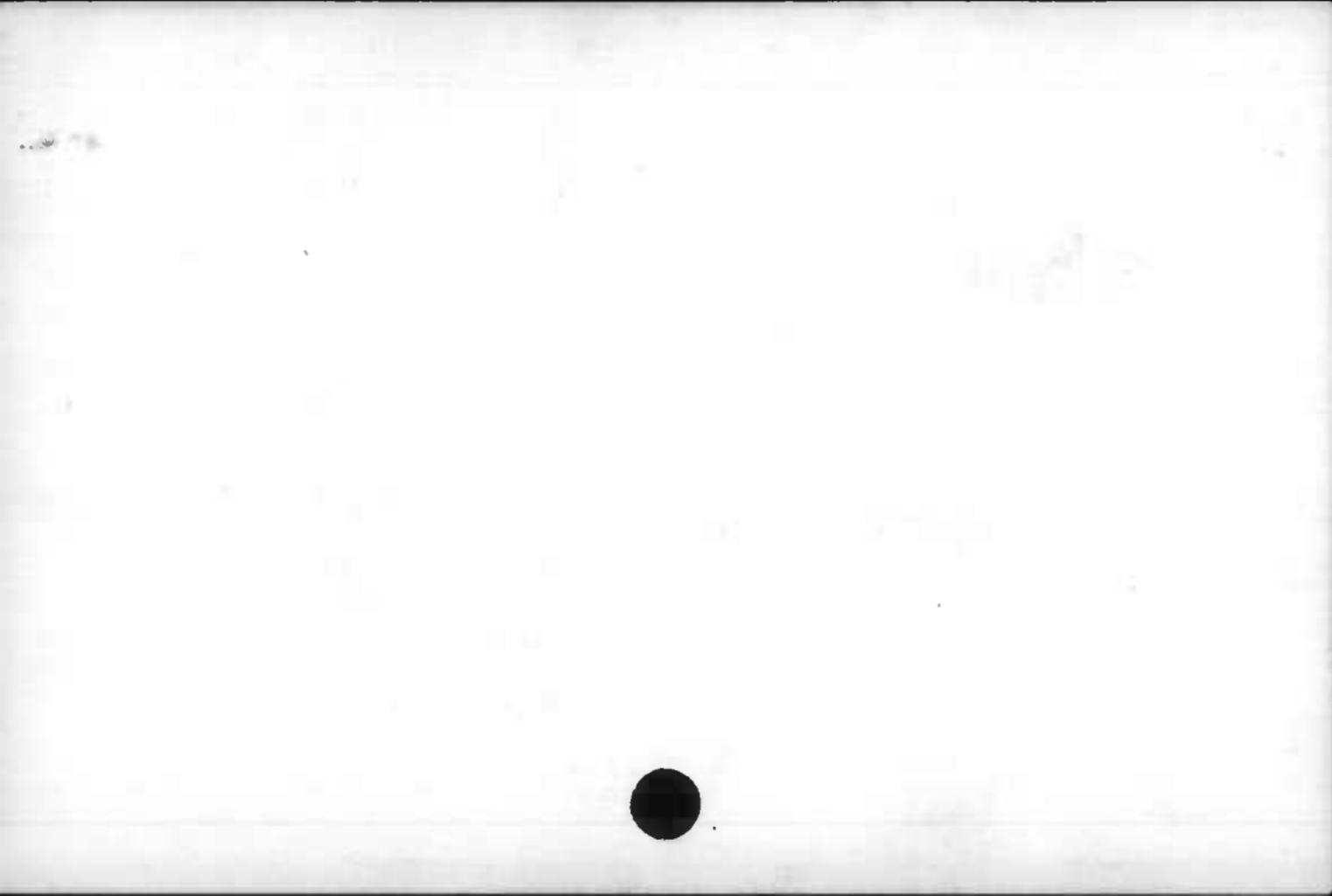
None

Address

O.K. D a Massey.

J

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Carrie Bishop

Town

Died at Bishopsville

County

Worster

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1909 Dec

14

Age

49

Sex

Color or  
Race

my White

Birth-  
place

Maryland

Occupation

House Work

Where Residing if not  
at place of death

at Worster

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Charles Bishop

Father's  
Name

Maryland

Knecht John Feing

Mother's  
Name

Maryland

Annie M Collins

How related  
to deceased

None

Name of person giving  
Information

Lina Rayon

106

How long

3 years.

How long

3 weeks.

## CAUSES OF DEATH

Primary

Chronic Bronchitis

Immediate Enterocolitis

Are the name, age, sex, color, date  
and place correctly given above? Yes.

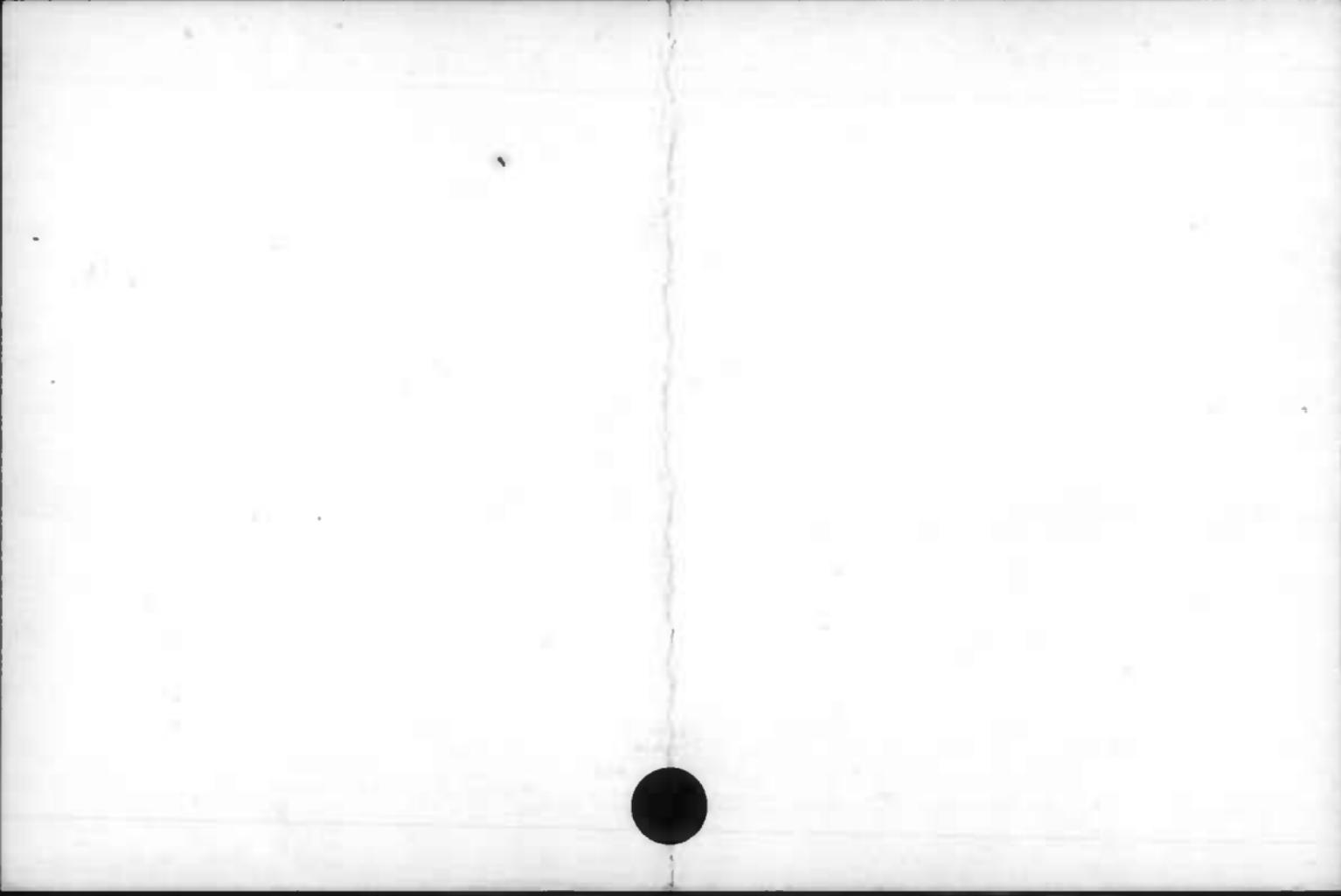
T Rayon or

Signature of  
Physician

Address

J.C. Bishop  
Bowell, Maryland.

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Vergie Mary Bishop

Town

County

MARYLAND

Died at

Doontowne

Oceonoc

Date  
of death

1909

Month

Dec

Day

8

Years

—

Months

4

Days

21

Age

Sex

Female

Color or  
Race

Black

Birth-  
place

Welbourn

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Henry S. Bishop

Father's  
Birthplace

Kendleton

Mother's  
Maiden Name

Annie Bishop

Mother's  
Birthplace

Kindletown

Name of person giving  
Information

Henry S. Bishop

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Pued Venessa

36

How long

Since Birth

Immediate

Malnutrition

How long

about 2 mon

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

O. P. Watkins M.D.

I believe so.

Accident or Suicide

Doontowne,  
Virginia.



Name  
in  
Full

Gao. T Brittingham  
Town County

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Near Berlin Mr.

MARYLAND

Date  
of death

1909

Month

Dec.

Day

29

Years

Age 24

Montha

Days

Sex

Male

Color or  
Race

Col.

Birth-  
place

Near Berlin MD

Occupation

Farm hand.

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Gro. B. Brittingham

Father's  
Birthplace

Near Berlin MD

Mother's  
Maiden Name

Worthy Parrott

Mother's  
Birthplace

Name of person giving  
Information

John W. Cooks

How related  
to deceased

Friend

CAUSES OF DEATH

Primary

Tuberculosis

27

How long

Immediate

The natural termination

Year

Are the name, age, sex, color, date  
and place correctly given above?

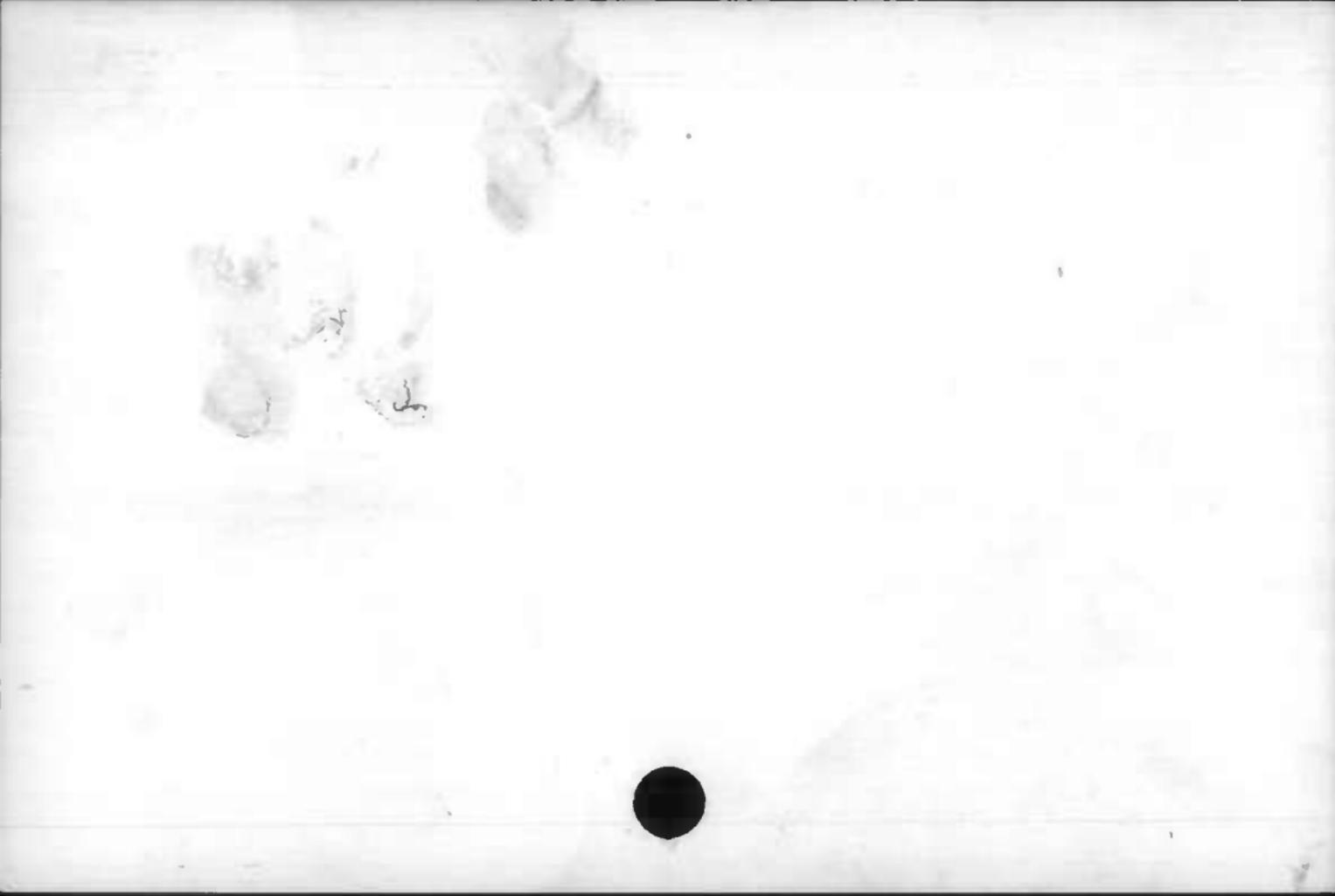
Signature of  
Physician

Address

Jo Ebed Hollard  
Bedder MD

PHYSICIAN  
OR CORONER

Deceased \_\_\_\_\_



Name  
in  
Full

Sarah M. Bretingham

214  
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	John H. Bretingham	
Father's Name	Wm Landry	Father's Birthplace	Potowomut
Mother's Maiden Name	Ann Dryden	Mother's Birthplace	Potowomut
Name of person giving information	James M. Bretingham (164) Son.		
CAUSES OF DEATH			
Primary	Fractured skull & hemorrhage		
Immediate	Hemorrhage		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
(Fell down a flight of stairs)		Address	
Accident or Suicide?		J E Sartoris Pocomoke City, Maryland.	

Yes

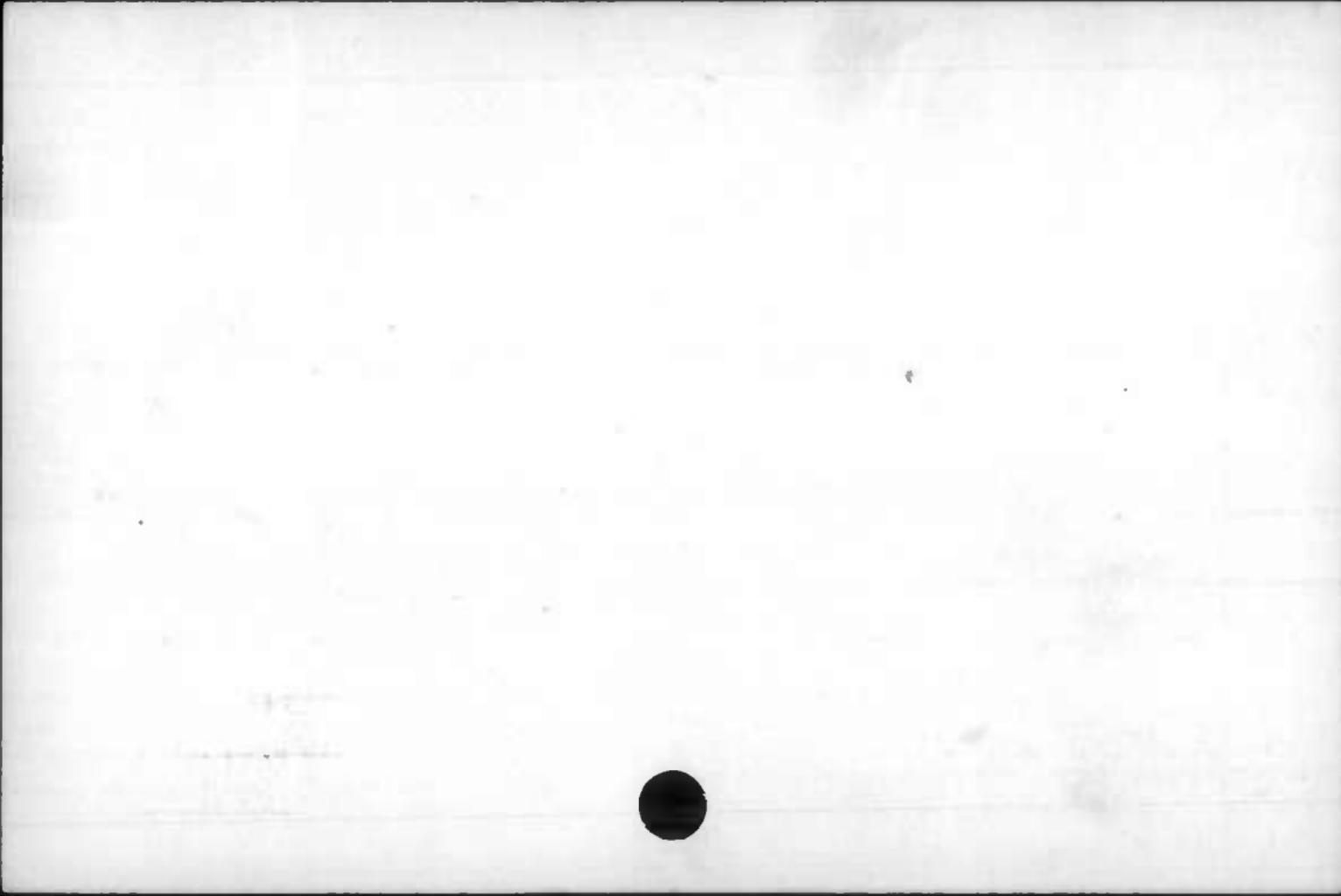
J E Sartoris

Pocomoke City,

Maryland.

Accident or Suicide?

Accident.



Name  
in  
Full

Orchie W. Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	snowville	worcester	
Date of death	Month	Day	Years
1909	Dec	3	Age 18
Months	6.	Days	21
Sex	Color or Race	Birth-place	
Male	colored	snowhill Md	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	
Single	Thomas B. Collins	snowville Md	
Mother's Maiden Name	Ella. Collins	Mother's Birthplace	
Name of person giving Information	Thomas. B. Collins	How related to deceased	
Accident by striking head on fence post			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Fracture of skull	How long
Immediate	Lived about 1 hour	How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

H. D. Strong M.D.

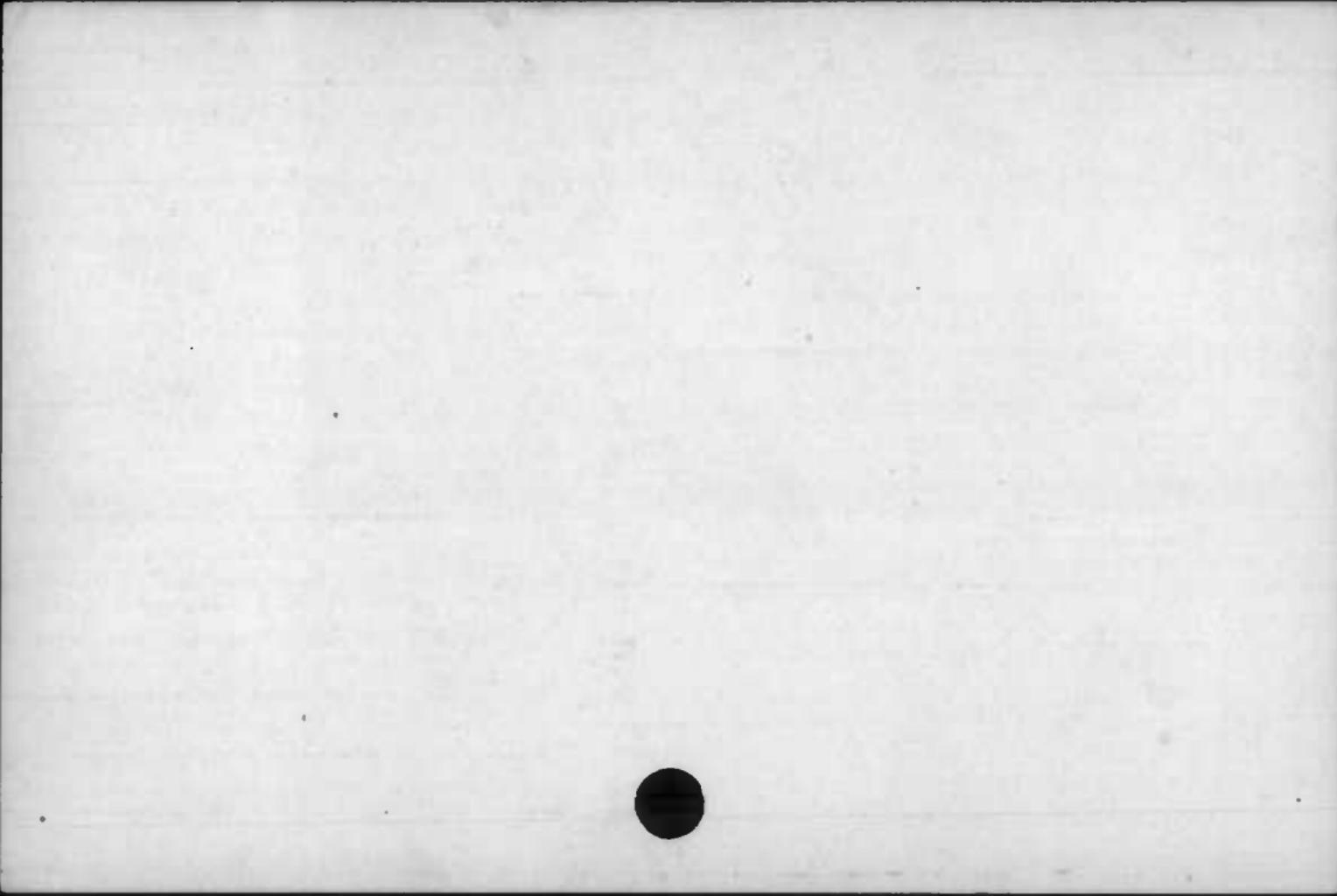
Address

Snow Hill. Md.

✓

Accident or Suicide?

Accident



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at Libertytown Town Worcester County  
Date of death 1909 Dec 12 Month Day Year  
Age -- Months -- Days --  
Sex Female Color or Race white  
Occupation \_\_\_\_\_ Birth-place Maryland

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Eugene Dennis

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Glenie Thallaway

Mother's  
Birthplace

Maryland

Name of person giving  
Information

John Krellingshausen

How related  
to deceased

Nephew

CAUSES OF DEATH

Primary

Colitis

(105)

How long

4 months

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

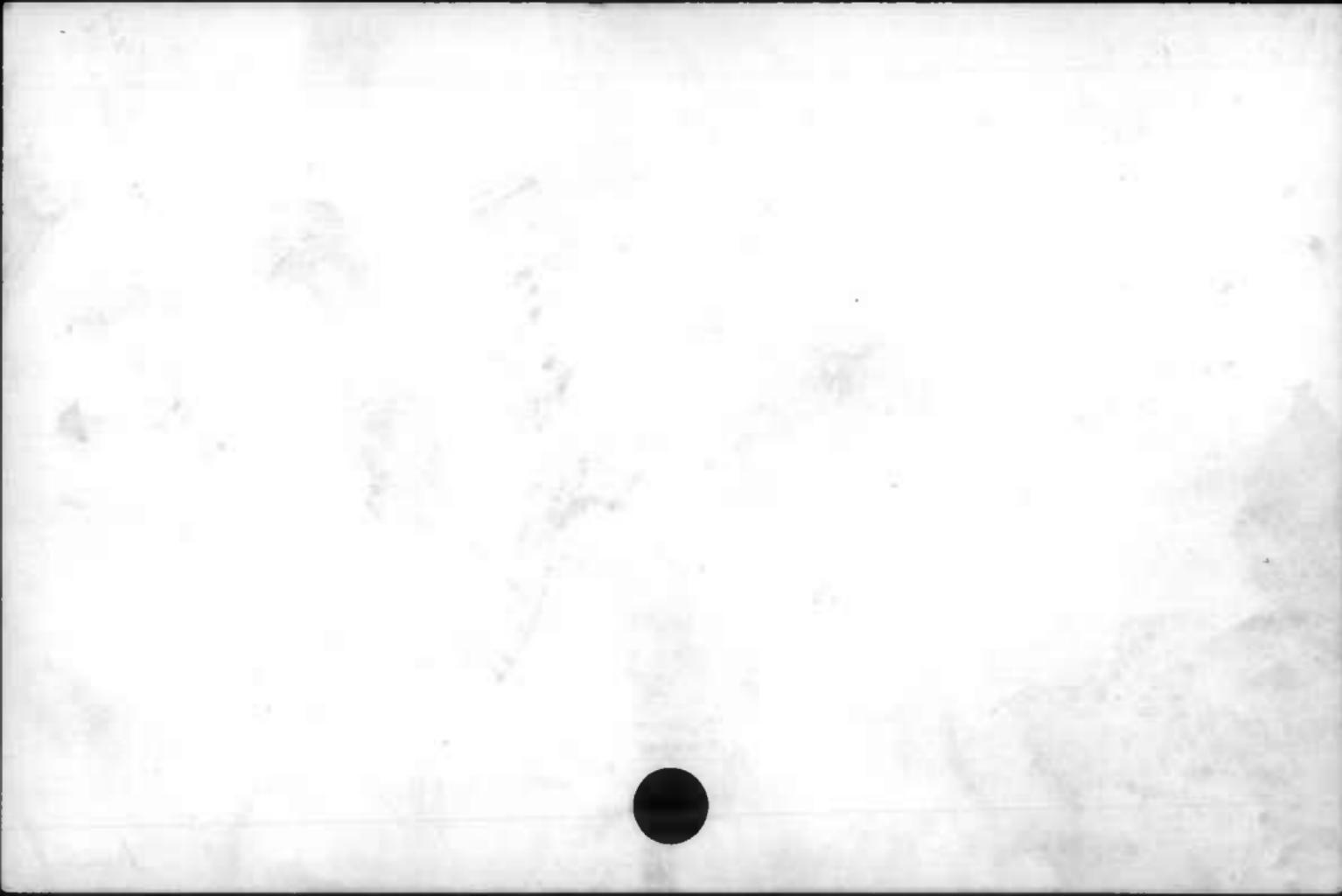
yes

Signature of  
Physician

Address

Ira L. Synderall  
Berlin  
Md.

Accident or Suicide



Name  
in  
Full

Levi D. Shallow Disharow

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Stockton

Town

County

MARYLAND

Date of death 1909 December 17

Month

Day

Years

Months

Days

Age 72

10

22

Sex Male

Color or  
Race

White

Birth-  
place

Occupation

Oyster Planter

Where Residing if not  
at place of death

Salisbury Md.

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Ellen E. Hale.

Father's  
Birthplace

Salisbury Md.

Father's  
Name

Levi D. Disharow

Mother's  
Birthplace

Salisbury Md.

Mother's  
Maiden Name

Elizabeth Davis

How related  
to deceased

Sister

Name of person giving  
Information

Jane A. Powell

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

64

4 months

Immediate

Hemorrhage

4 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

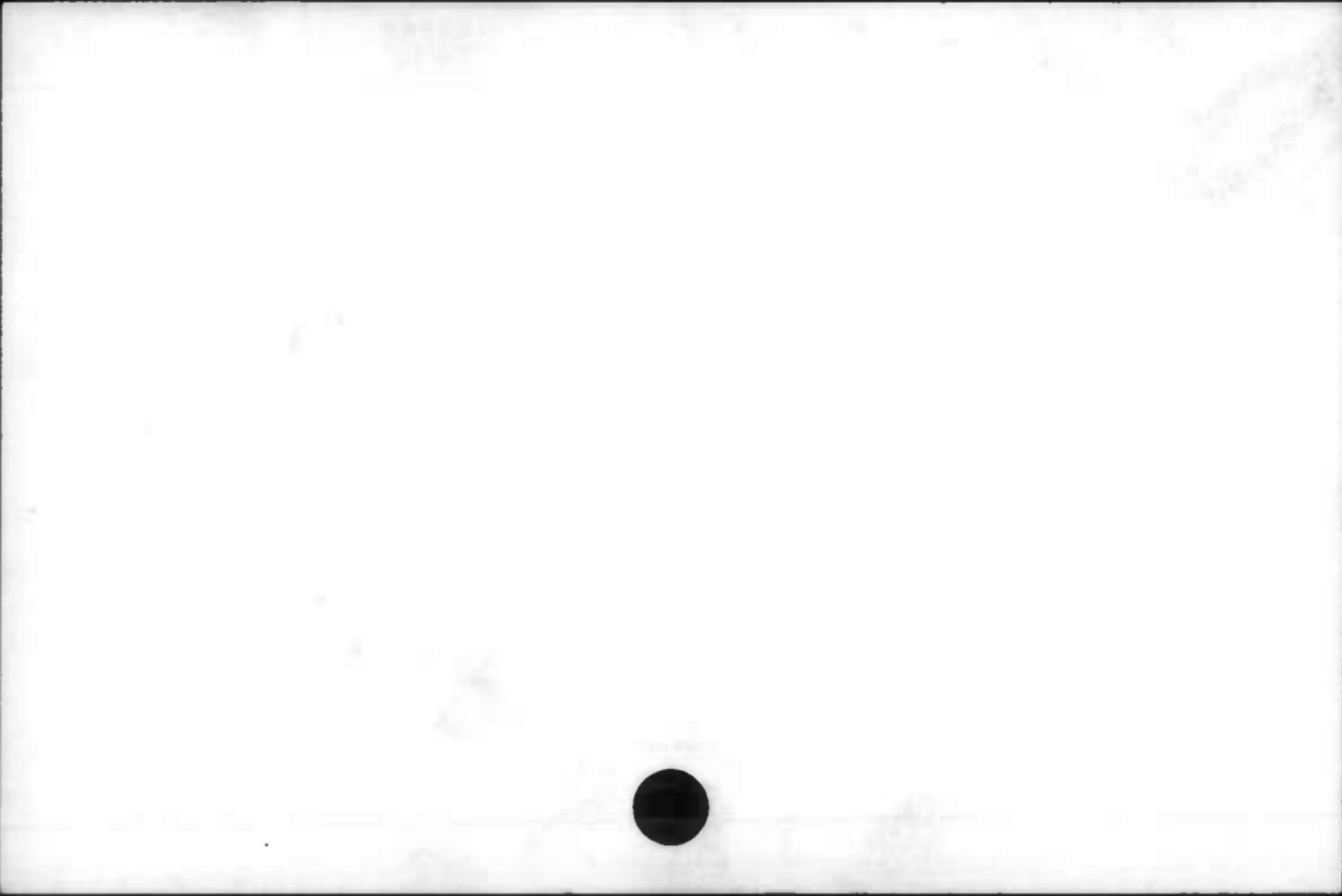
John D. Dickerson, M.D.

Stockton,

Worcester Co., Md.

I

Accident or Suicide



Name  
in  
Full

Winchester Hall

213 CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Oconomie	Hagerstown		
Date of death	Month	Day	Years
1909	Dec	10	Age
Sex	Color or Race	Birth-place	Months
Male	White	Kentucky	Days
Occupation	Where Residing if not at place of death		
Retired Attorney	Ruth W. Hall		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Somerset County
Married	Ruth W. Hall	Maryland	
Father's Name	Richard Hall	Mother's Birthplace	Fredericksburg
Mother's Maiden Name	Amanda Winchester	Virginia	
Name of person giving information	Gardner Hall	How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Bronchitis

90

How long

2 mths.

Immediate

Exhaustion

How long

1 muk.

Are the name, age, sex, color, date and place correctly given above?

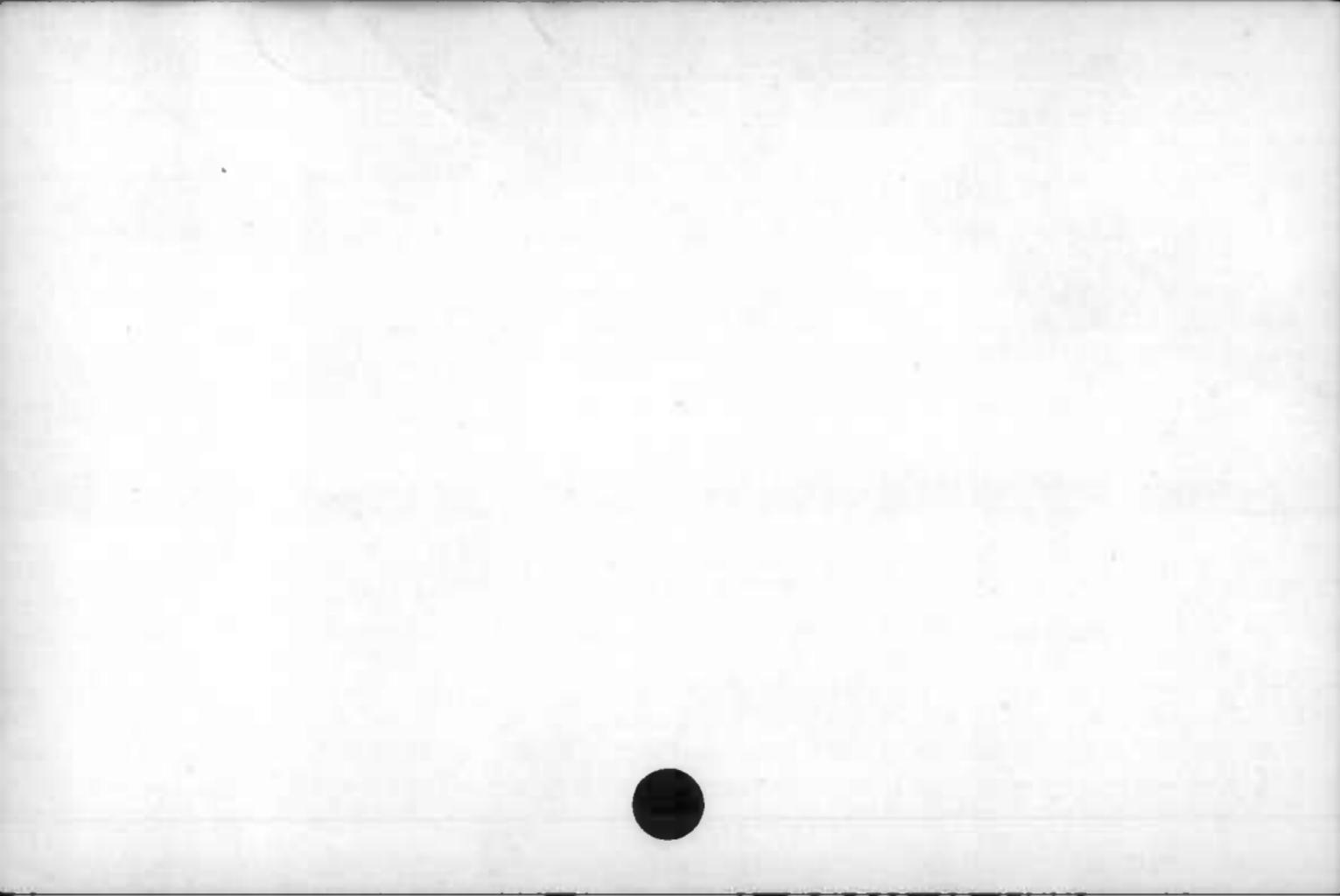
yes

Signature of Physician

Address

J. Wilson  
Oconomie, Md.

Accident or Suicide?



Name  
in  
Full

Robert K. Hammond

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
1909	Month	Day	Years	Months	Days
Male	Color or Race	Place	Anne Arundel Co.		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Baltimore			
Father's Name	Robert Hammond				
Mother's Maiden Name	Dora Adams				
Name of person giving information	Alice Purcell				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Unknown

Immediate

Necro Iodine

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

178

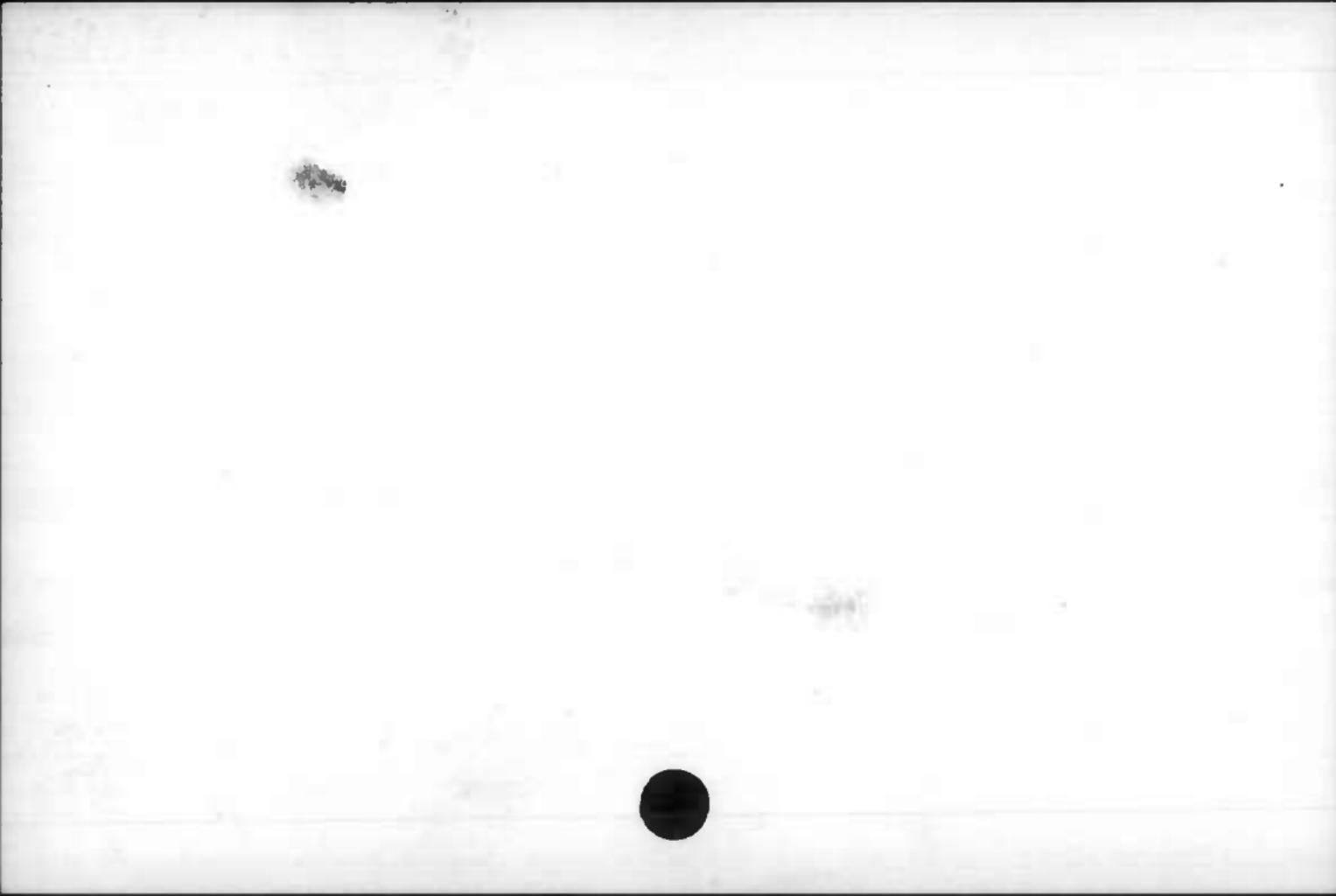
How long

How long

Unknown

Sudden

Eber Hollard  
Berkeley



Name  
in  
Full

Elizabeth Hayward

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at

Snow Hill

Town

County

MARYLAND

Date  
of death 1909

Month

Day

Age 67  
Years

Months

Days

Sex Female

Color or  
Race

colored.

Birth-  
place

Maryland

Occupation

House wife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Marcillious Hayward

Father's  
Name

Isaac Armstrong

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Patience Rowley

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Ida B. Hayward

How related  
to deceased

Daughter in  
Law

CAUSES OF DEATH

47

Primary

Rheumatoid Arthritis

How long

Several years

Immediate

Heart failure

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

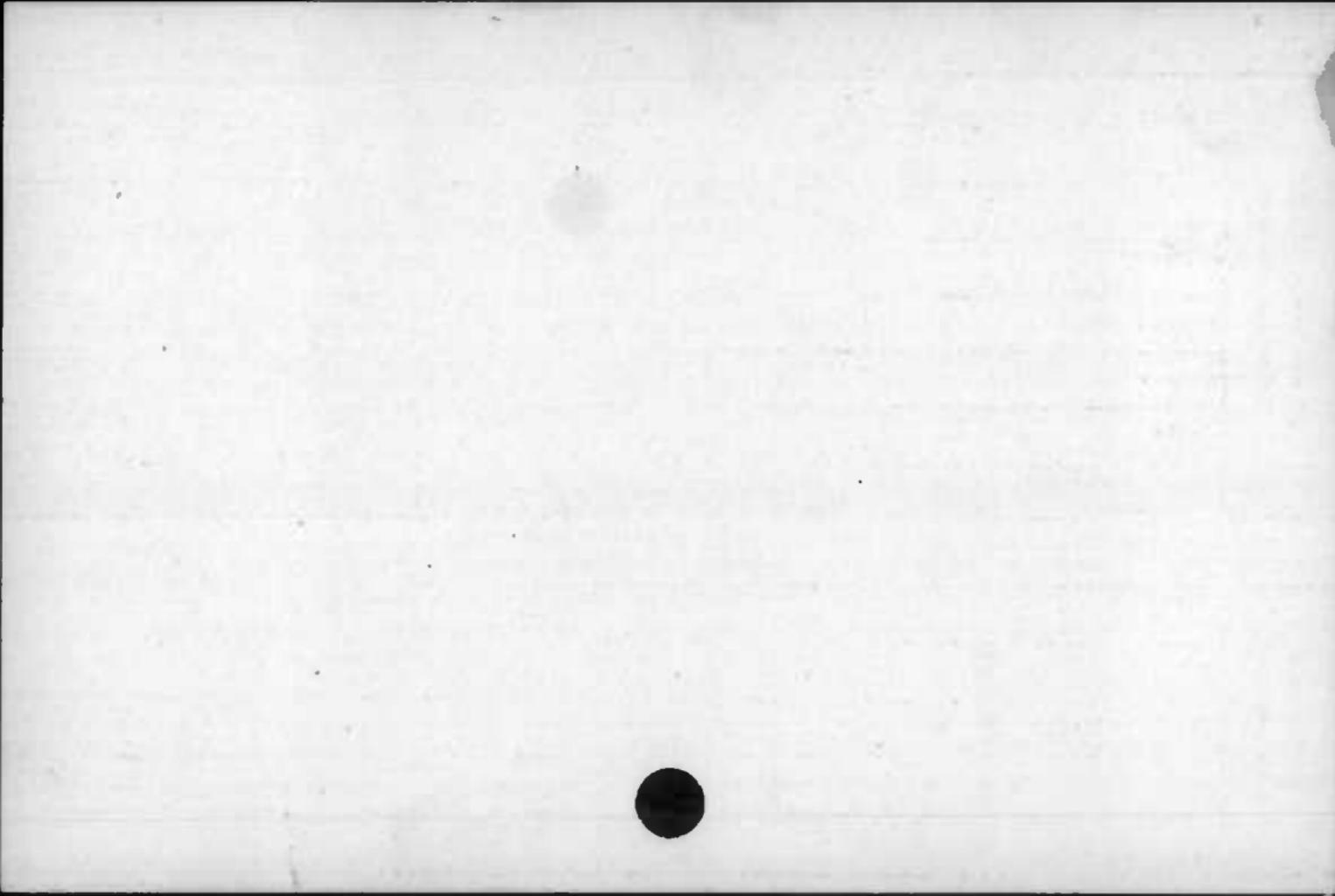
No Physician on hand

Address

Lawrence  
Snow Hill Md

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Herman Hopkins

215

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death 1909	Month Dec	Day 14	Years Age 32	Months	Days
Sex Male	Color or Race white	Birth-place born Orleans			
Occupation Clerk	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Mattie Lule	Father's Birthplace Delaware			
Father's Name Jas B Hopkins	Mother's Birthplace				
Mother's Maiden Name S M Scott	How related to deceased				
Name of person giving Information Mattie Hopkins	inf				

CAUSES OF DEATH

Primary

Phtisis Pulmonalis

27

How long

a year

Immediate

Exhaustion

How long

some days

Are the name, age, sex, color, date and place correctly given above?

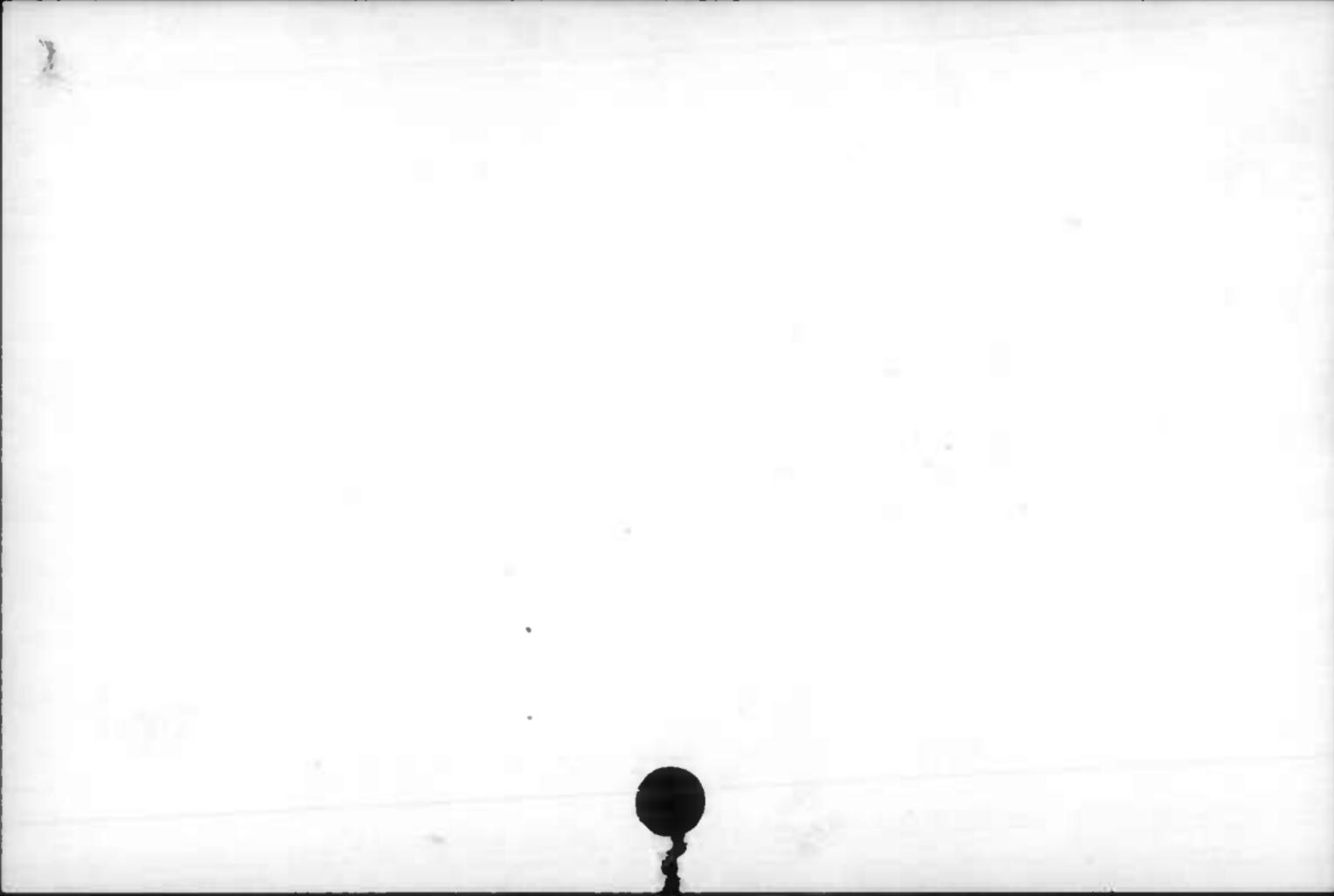
yes

Signature of Physician

Address

Jewell Hopkins  
Pasomak City, Md

Accident or Suicide



Name  
in  
Full

Albert George Marshall

216

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	Poconoska City			County	Worcester			
Died at	Month	Day	Years	Months	Days	MARYLAND		
Date of death 1909 Dec 24	Age 71							
Sex male	Color or Race white	Birthplace Maryland						
Occupation Saloman	Where Residing if not at place of death Poconoska City			Books				
Married, Single or Widowed Widower	Name of Wife or Husband							
Father's Name Zadock Marshall				Father's Birthplace Isle of Wight				
Mother's Maiden Name Constance Brown				Mother's Birthplace Somerset Co. Md.				
Name of person giving Information Rose Marshall				How related to deceased Sister				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Brightis  
exhaustion

120

How long

1 year

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

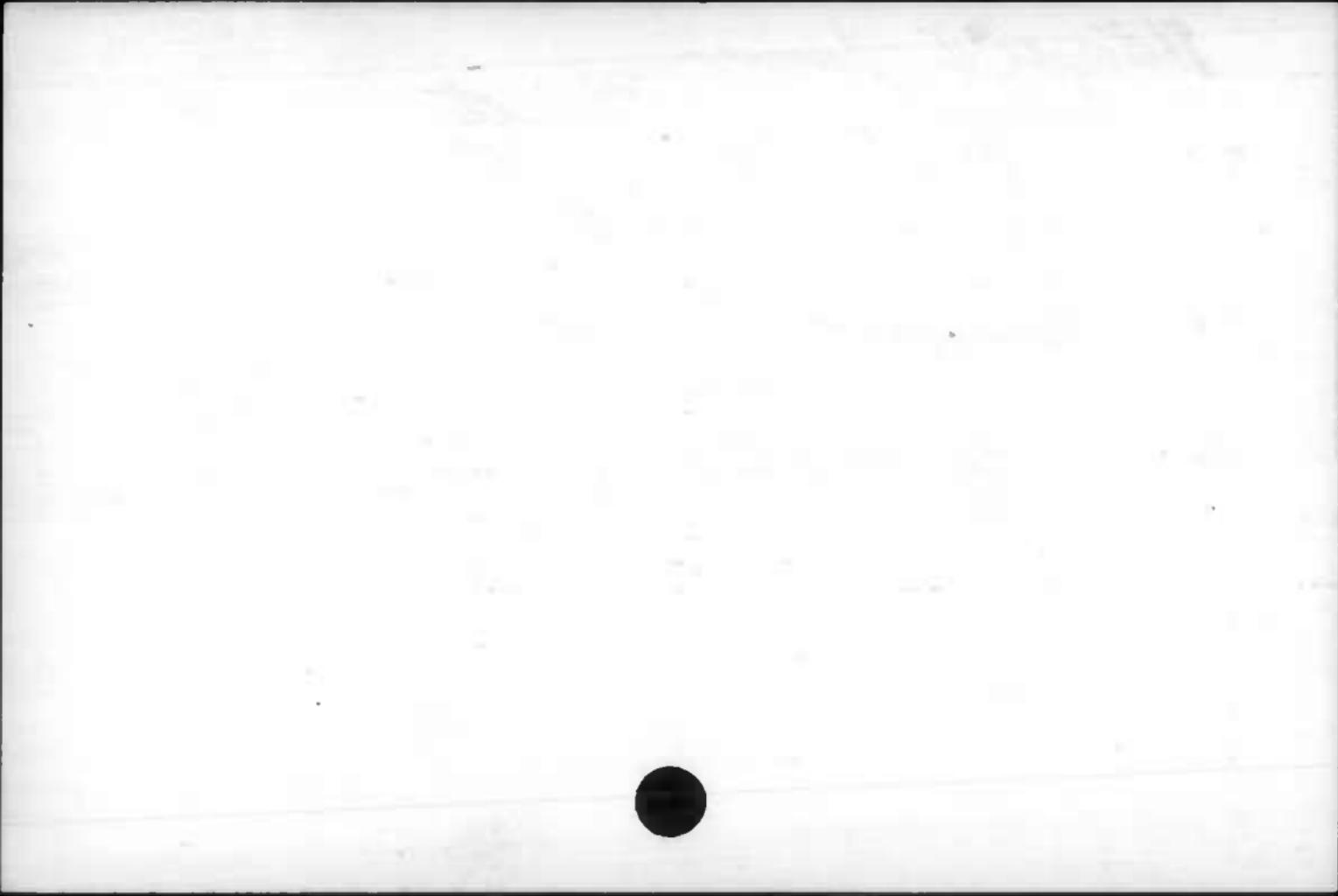
Yes

Signature of  
Physician

Address

Samuel J. Green  
Poconoska City

Accident or Suicide



Name  
in  
Full

Mitchell A. Warren

217

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at	Town	County			
Goodwill		Worcester			
Date of death	Month	Day	Years	Months	Days
1909	Dec	25	75	-	-
Sex	Color or Race	Birth-place			
Male	white	Md.			
Occupation	Where Residing if not at place of death				
Farmer	✓ Don't know				
Married, Single or Widowed	Name of Wife or Husband	✓ Don't know			
Widow					
Father's Name	Father's Birthplace				
H. S. Warren	Md.				
Mother's Maiden Name	Mother's Birthplace				
Do you know	Don't know				
Name of person giving information	How related to deceased				
W. S. Filshard	Nephew				

CAUSES OF DEATH

154

How long

4 or 5 months

How long

2 or 3 mths.

PHYSICIAN  
OR CORONER

Primary

Syphilis decay

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

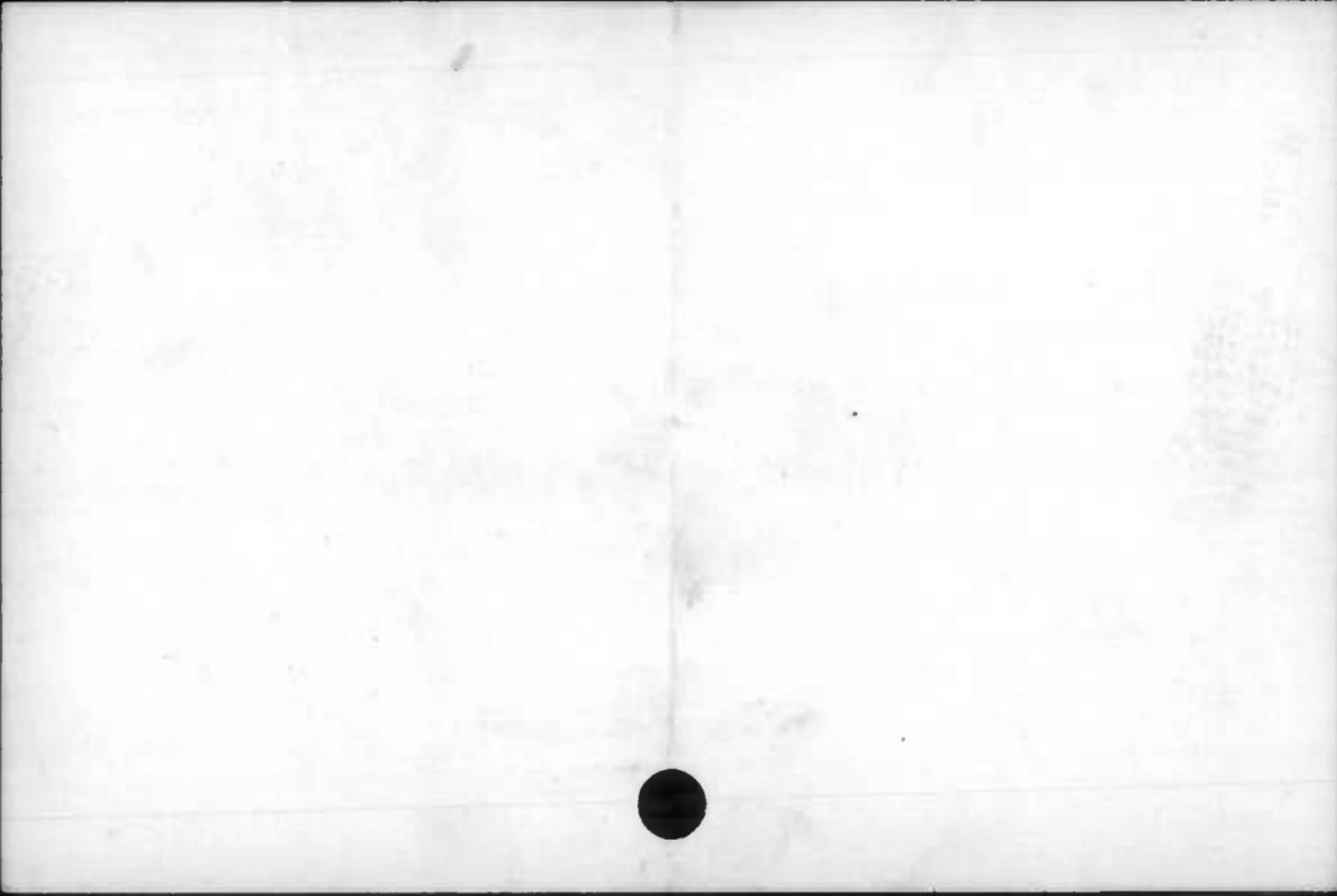
Signature of Physician

Address

J. M. Nelson  
Frederick City

Accident or Suicide?

✓



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Dr R.

Jessie W. Gressick				CERTIFICATE OF DEATH			
Died at		Town	County		MARYLAND		
Date of death	1909	Month Dec	Day 5	Years 73	Months -	Days -	
Sex	male	Color or Race	white	Birth-place	Ind		
Occupation	Merchant	Where Residing if not at place of death			Farmhouse Jessie Gressick		
Married, Single or Widowed	Single	Name of Wife or Husband				Father's Birthplace	Unknown
Father's Name	Unknown				Mother's Birthplace	Unknown	Unknown
Mother's Maiden Name	Unknown				How related to deceased	Daughter-in-law	Daughter-in-law
Name of person giving Information	Grace Griffin						
<input type="checkbox"/> CAUSES OF DEATH				79			

Primary

Cardiac asthma

79

How long

1 yr

Immediate

Heart failure

How long

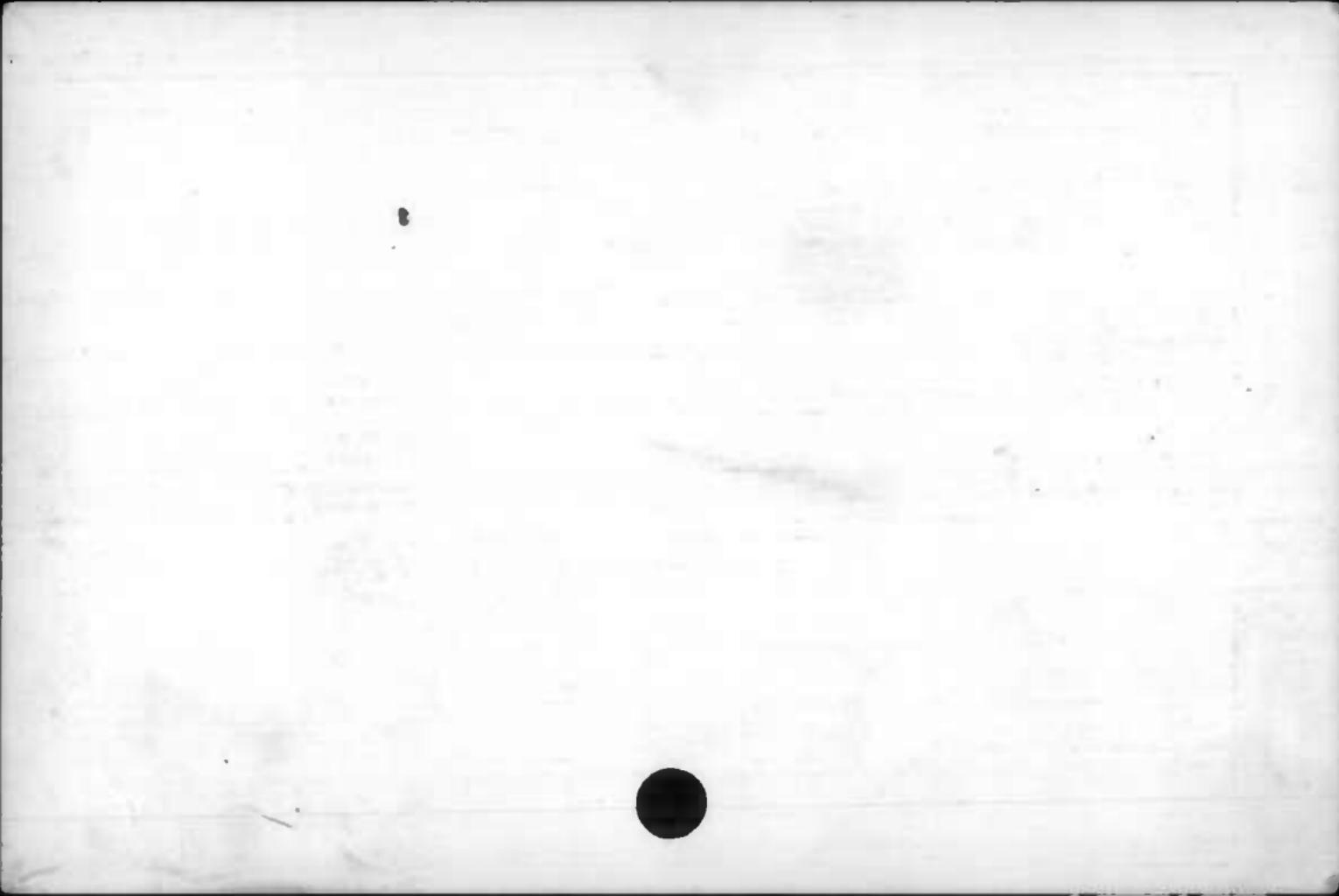
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John L. Riley  
Sun Hill  
Md

Accident or Suicide



Name  
in  
Full

Theodore H. Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Brownsville County worcester MARYLAND  
Town Month Day Years Months Days  
Date of death 1909 Dec. 19. Age 57  
Sex Male Color or Race Colored. Birth-place Maryland.  
Occupation Labored Where Residing if not at place of death  
Married, Single or Widowed Married Name of Wife or Husband Maggie C. Mills.  
Father's Name George Mills Father's Birthplace Maryland  
Mother's Maiden Name Maggie Smith Mother's Birthplace Maryland.  
Name of person giving Information Frances A. Brown How related to deceased Son

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Tuberculosis

27

Immediate

"

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

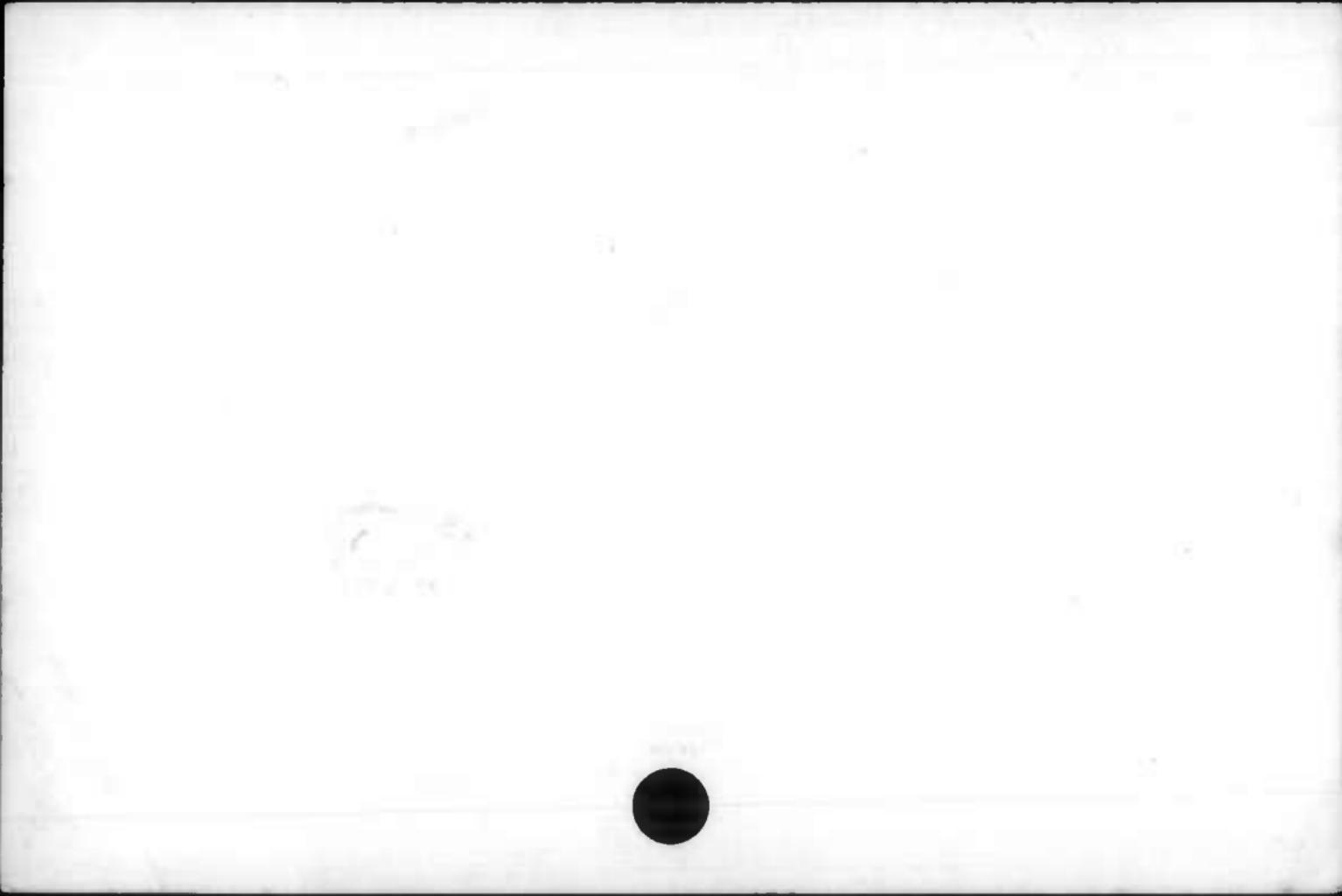
John L. Riley,  
Brown Hill,  
Md.

How long

4 mos.

Accident or Suicide

No.



Name  
in  
Full

Geo. M. Pruitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Years	Days
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	C. C. Pruitt	
Father's Name	David. Pruitt		
Mother's Maiden Name	Margret Dickerson		
Name of person giving Information	John S. Pruitt		

CAUSES OF DEATH

Primary

Diabetes Mellitus

50

How long

Immediate

4 years

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

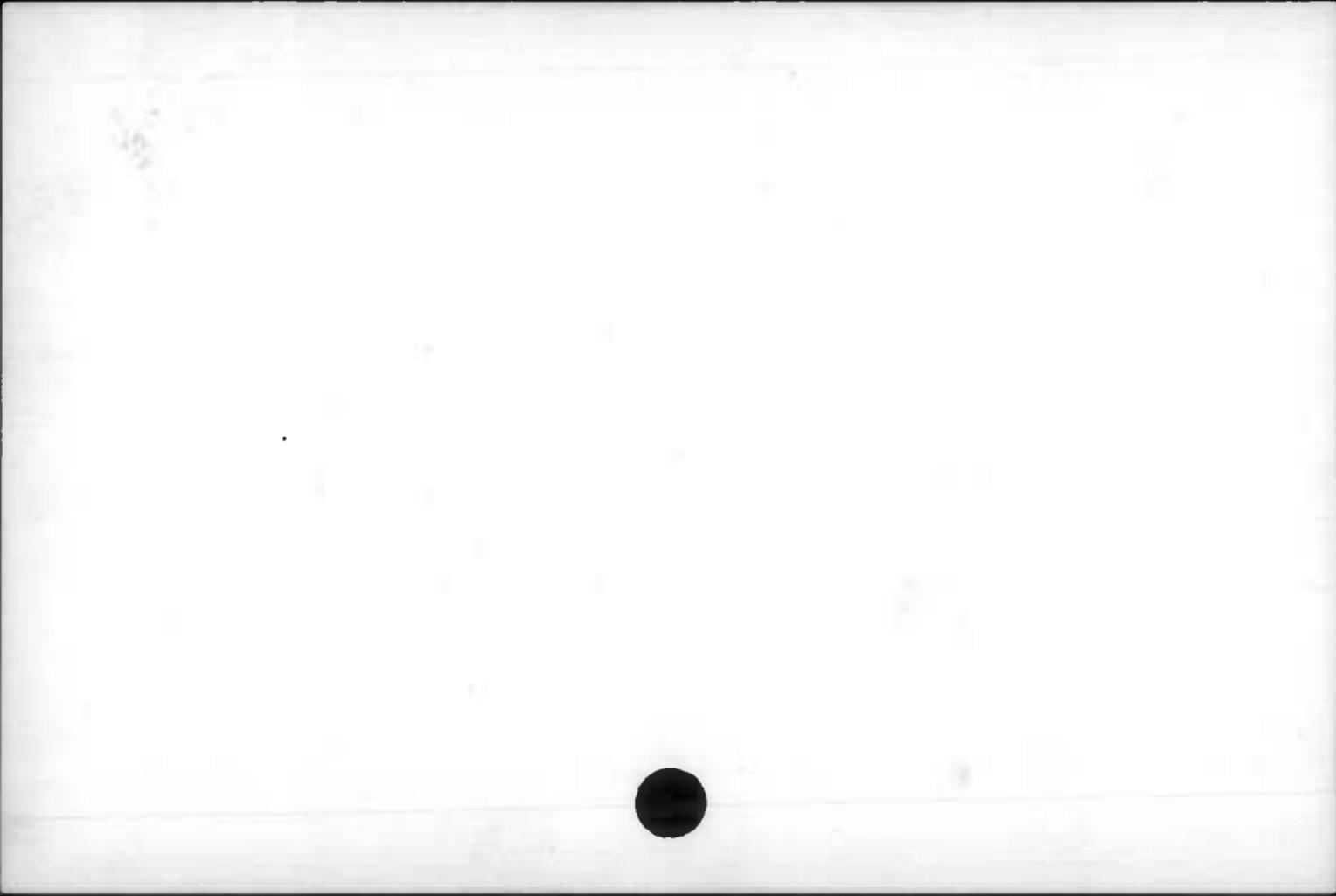
Address

JK

Georgetown

Berlin  
Md

Accident or Suicide



Name  
in  
Full

Ella J. Purnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County			MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Colored.			Birth-place
Occupation				Where Residing if not at place of death		
Married, Single or Widowed	no	Name of Wife or Husband		Father's Birthplace		
Father's Name	John Hall			Maryland		
Mother's Maiden Name	Mary Purnell			Mother's Birthplace		
Name of person giving information	Mary Purnell			How related to deceased		

CAUSES OF DEATH

91

How long

6 mos

How long

"

Primary

Chronic Bronchitis

Immediate

Signature of Physician

Address

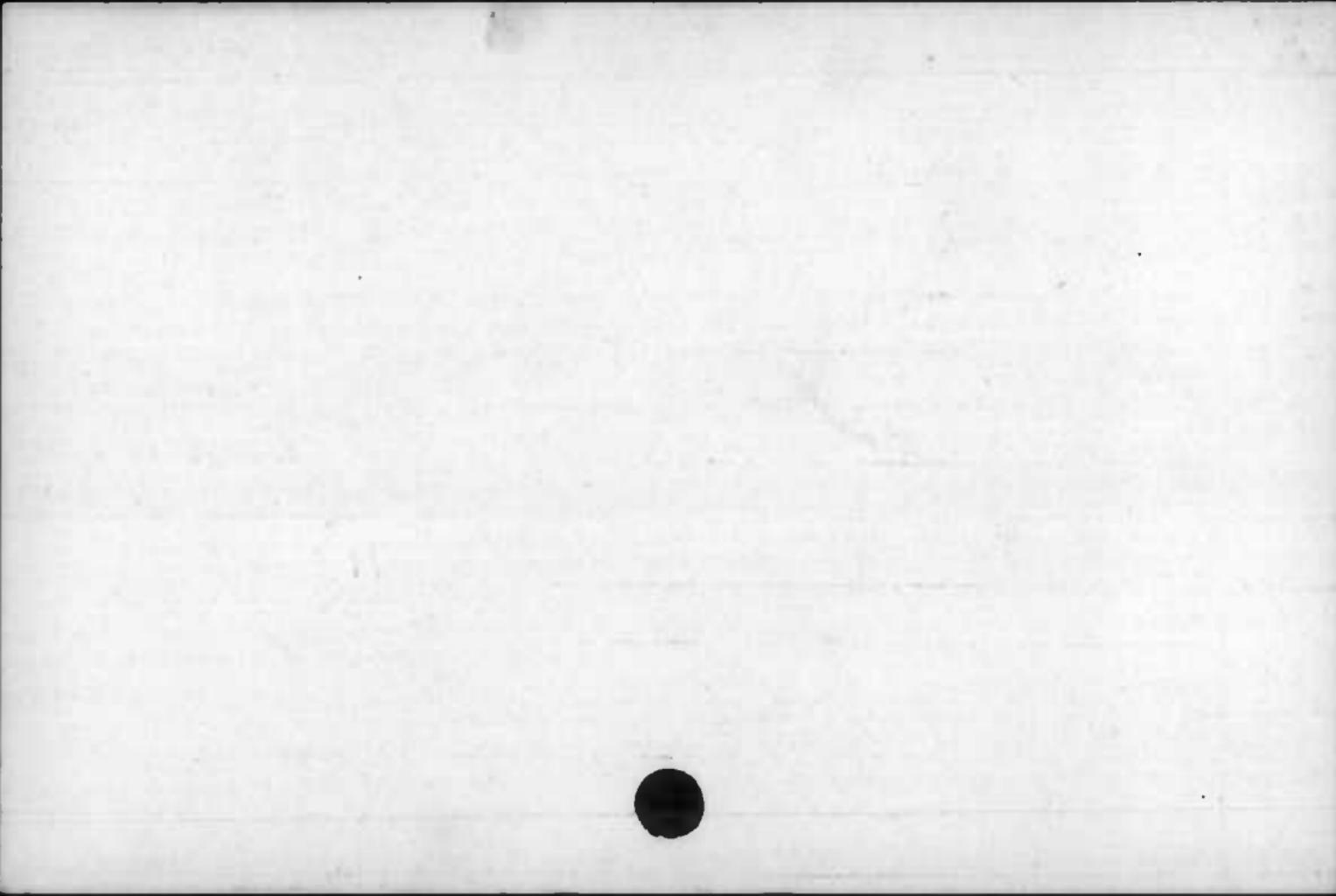
Are the name, age, sex, color, date and place correctly given above?

yes.

John L. Riley  
Lynnfield  
Md.

Accident or Suicide?

no



Name  
in  
Full

Lillie B. Burnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Snow Hill

County

Worcester

Date of death

190

Month

9 Dec.

Day

31

Years

12.

Months

6

Days

21

Sex

Female

Color or  
Race

Colored

Birth-  
place

Snow Hill Md

Occupation

General House work

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Riley S. Burnell

Father's  
Birthplace

Snow Hill Md

Mother's  
Maiden Name

Annie Barnes

Mother's  
Birthplace

Snow Hill

Name of person giving  
Information

Annie Burnell

How related  
to deceased

Mother

Primary

Tuberculosis

CAUSES OF DEATH

27

Immediate

Pulmonary hemorrhage

How long

4 mos.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

John L. Riley  
Snow Hill  
Md

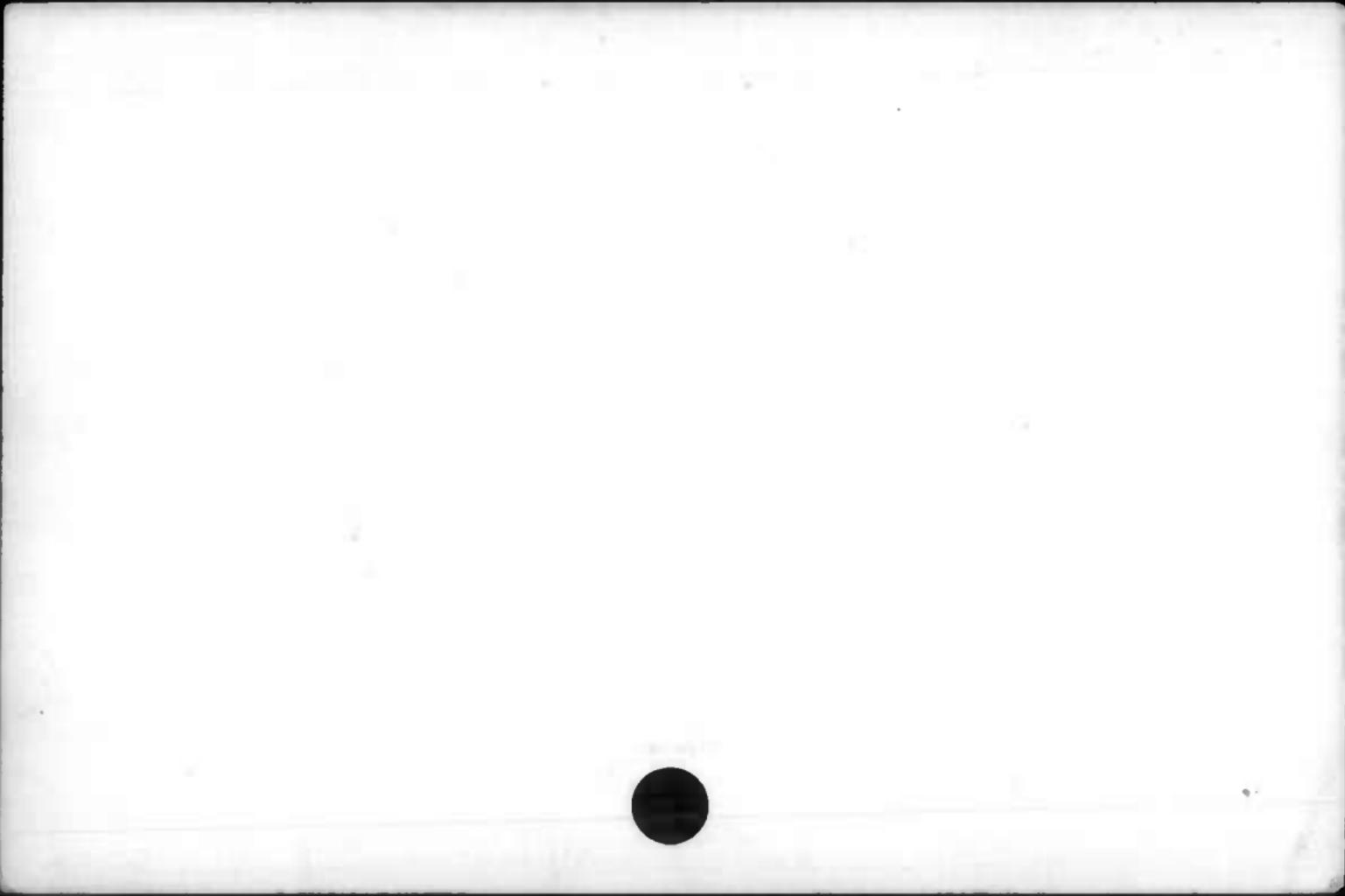
Address

Accident or Suicide

No

PHYSICIAN  
OR CORONER





Name  
in  
Full

Mary E Pussey

272  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County			MARYLAND	
Died at	Ashmun's Drst	Roxbury			
Date of death	Month	Day	Year	Month	Day
of death	1909	Dec	9th	Age	76
Sex	Female	Color or Race	White	Birth-place	Roxbury
Occupation	Domestic			Where Residing if not at place of death	Ashmun's Drst
Married, Single or Widowed	Widow	Name of Wife or Husband	Frank Pussey	Father's Birthplace	Roxbury Co
Father's Name	Ruth Dukes			Mother's Birthplace	
Mother's Maiden Name	Mary Maddux			How related to deceased	Sopf
Name of person giving information	Richard Pussey			How long	120

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Brights & Asthma  
Exhaustion

Immediate

How long

1 year

Are the name, age, sex, color, date and place correctly given above?

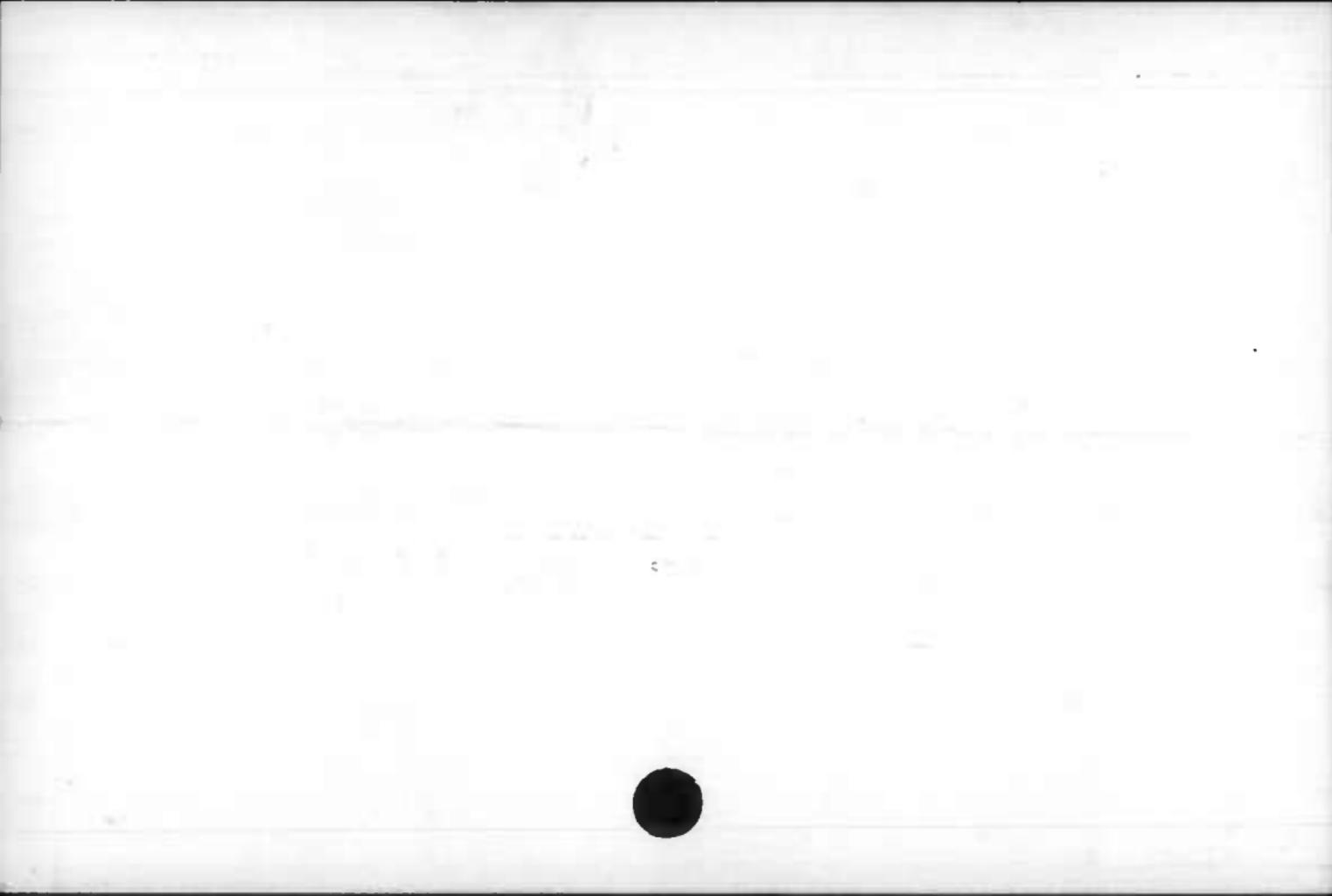
Yrs

Signature of Physician

Address

Sam J. Gann  
Paramedic Ctr  
MD

Accident or Suicide



Name  
in  
Full

Mary Robbins.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Near Berlin		Nor.				
Date of death	1909	Month Dec	Day 18	Years —	Montha 6	Daya —
Sex	Female	Color or Race	Col	Birth-place Near Berlin Md.		
Occupation				Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Unknown			Father's Birthplace	Near Berlin	
Mother's Maiden Name	Lew. Robbins			Mother's Birthplace	Near Berlin	
Name of person giving Information	Lew. Robbins.			How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Malaria

Immediate

Malaria

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

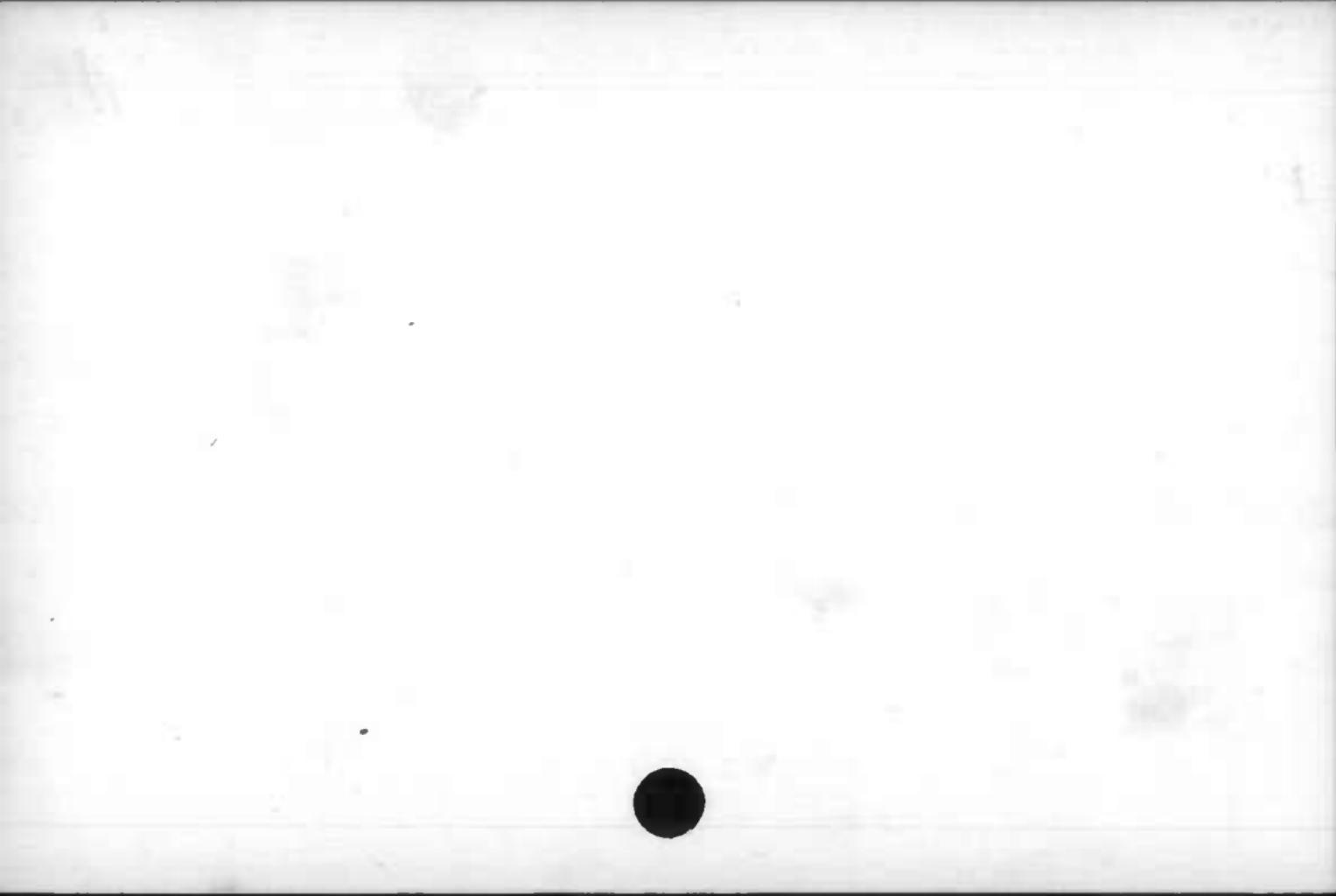
Accident or Suicide

179

How long

How long

Gone  
St. Hollard  
Police. Wd



Name  
in  
Full

Daniel James Ruark

211

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Whiteburg	County	MARYLAND
Date of death	1909 Dec 7	Age	74
Sex	Male	Color or Race	White
Occupation	Farmer	Where Residing if not at place of death	Maryland
Married, Single, Widowed	Single	Name of Wife or Husband	Amanda Ruark now Amanda Ruark deceased
Father's Name	John Ruark	Father's Birthplace	Bethel
Mother's Maiden Name	Douglas	Mother's Birthplace	Unknown
Name of person giving Information	Willie A Riggins	How related to deceased	Neighbor

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Heart failure

179

How long

Sudden

How long

1/2 hour

Immediate

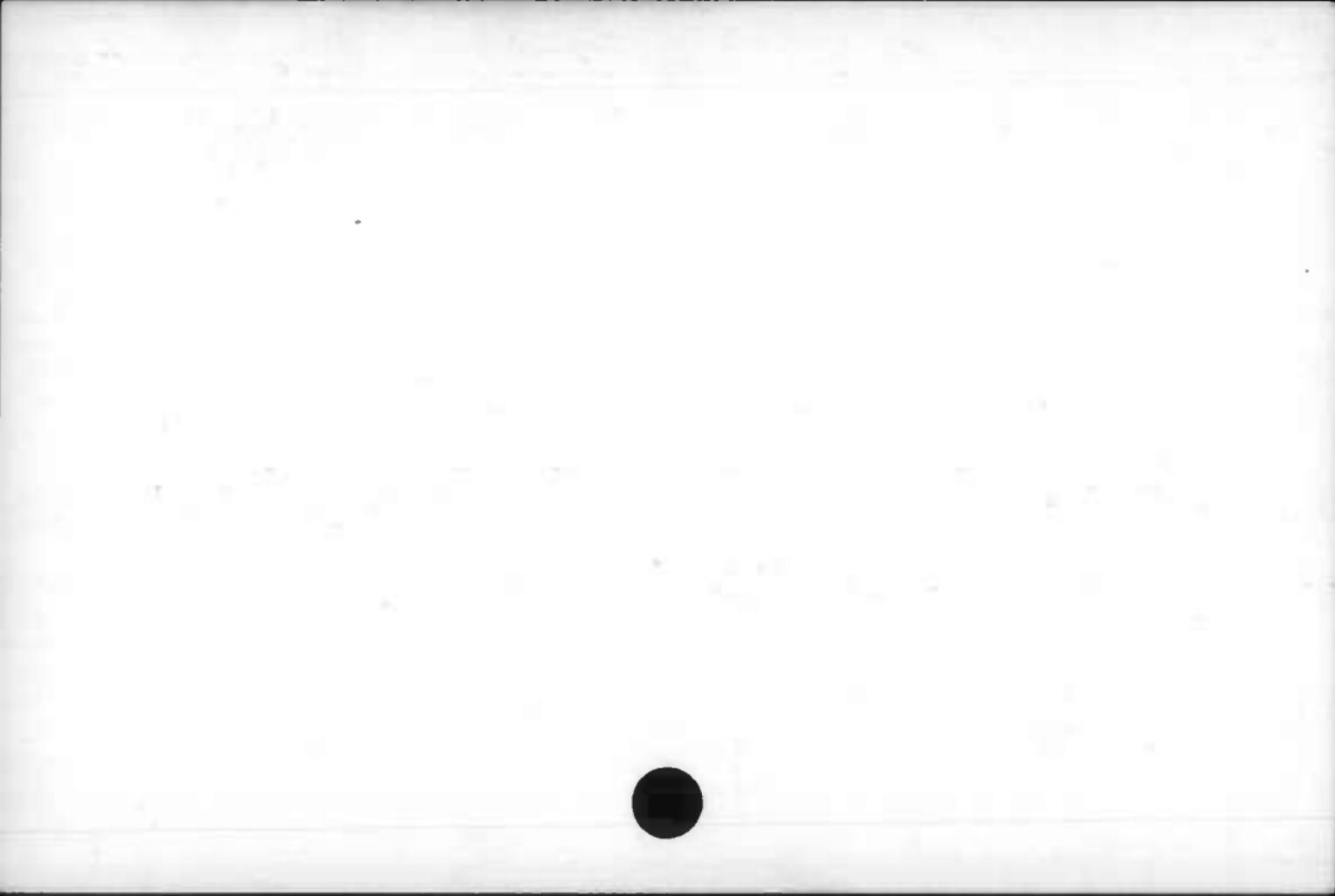
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Ebmann Hillman  
Justice of the Peace  
Local Registrar

Accident or Suicide



Name  
in  
Full

John E. Smack.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Disd st	Town	County	MARYLAND
Date of death 1909	Month Dec.	Day 29	Years 55
Sex male	Color or Race white	Birth-place Near Franklin	
Occupation Mill hand.	Where Residing if not at place of death		
Married, Single or Widowed Married	Name of Wife or Husband Lucilia Smack	Father's Birthplace Near Sheep Hill	
Fether's Name Henry Smack		Mother's Birthplace Near Sheep Hill	
Mothar's Maiden Name Eliza Farrett		How related to deceased Wife	
Name of person giving Information	Levin Smack		

CAUSES OF DEATH

Primary

Fatty degeneration of heart

79

How long

Immediate

2 years

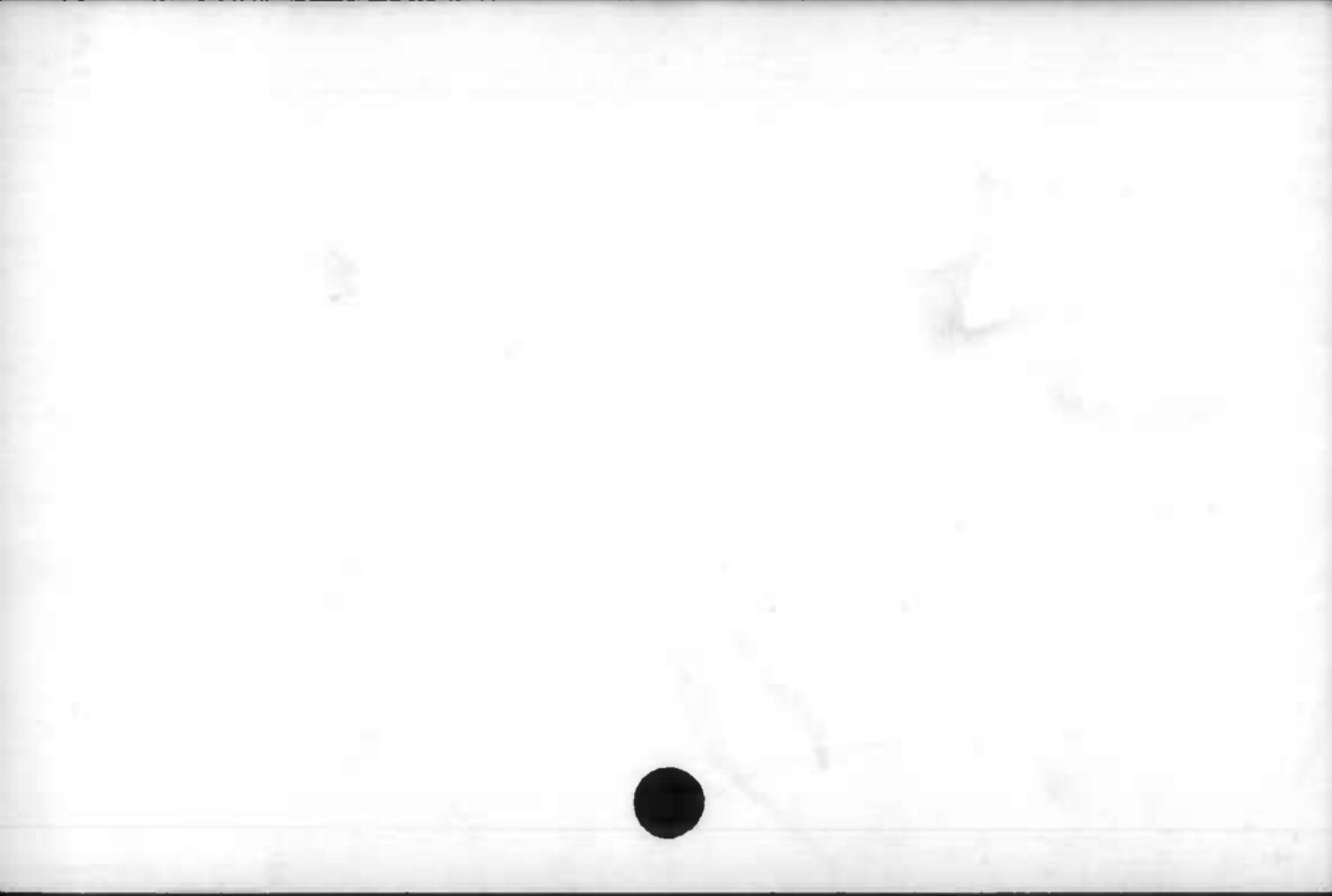
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John Hollie L.  
Bedden rd

PHYSICIAN  
OR CORONER



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Wilmer Jarr

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County		
Gardiner		Worcester		
Date of death	Month	Day	Years	Months Days
1909	12	20	80	
Sex	Color or Race	white	Birth- place	md
Occupation	Where Residing if not at place of death			
Sea Captain	Rosie, Powell			
<input checked="" type="checkbox"/> Widowed	Name of Wife or Husband			
Father's Name	Dont Know			
Mother's Maiden Name	Unknown			
Name of person giving Information	Charles Hill			

CAUSES OF DEATH

Primary

dont know, no physician

179

How long

week

Immediate

no physician

How long

Are the name, age, sex, color, date  
and place correctly given above?

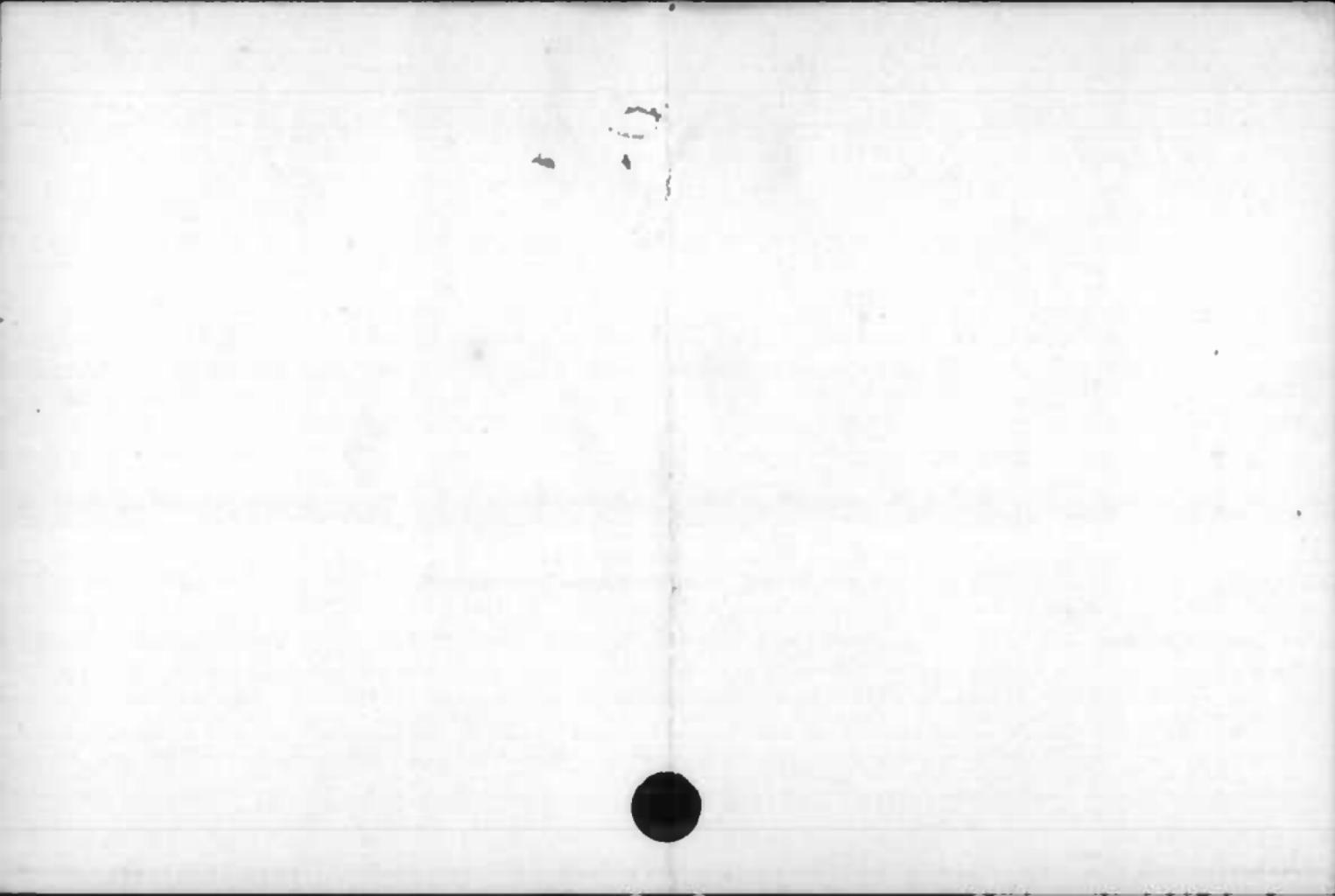
Signature of  
Physician

Address

Wm Daffey  
Stockton and

OK.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Hannah Taylor

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1909	Dec	20 <sup>th</sup>	Age 76	2	5	
Sex	Color or Race		Birth-place			
Female	white		Worcester Co			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Maidow	Name of Wife or Husband	Jesse Taylor			
Father's Name	Ira Coffin					
Mother's Maiden Name	Betsy Coffin					
Name of person giving information	Geo McVee					

CAUSES OF DEATH

120

How long

2 yrs

24 hrs

Primary

Chronic Bright disease

Immediate

Uterus, Coma

Are the name, age, sex, color, date  
and place correctly given above?

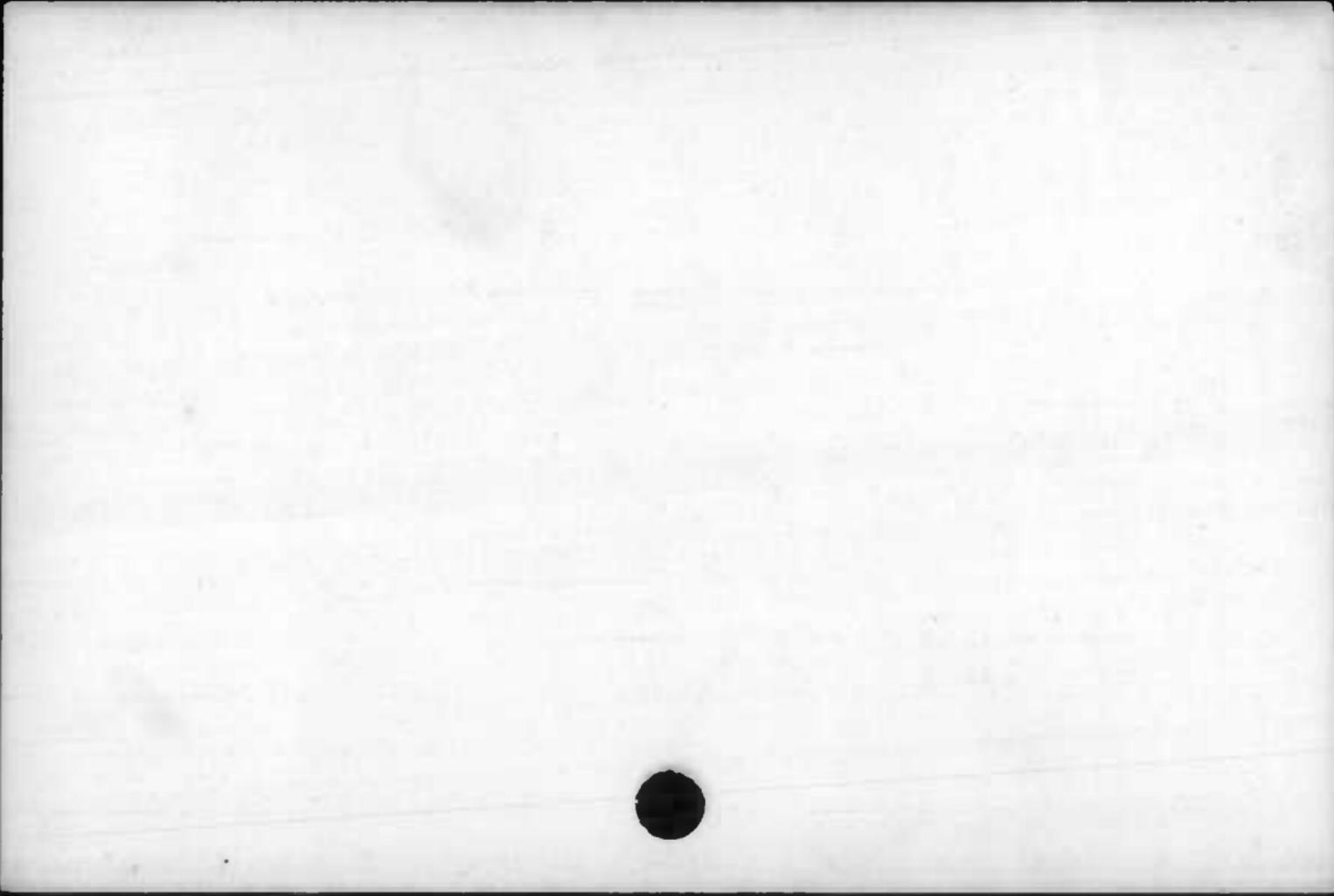
yes

Signature of  
Physician

Address

Gulfoes  
Snow Hill Md

Accident or Suicide?



Name  
in  
Full

Blossie West

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County		
Died at	Zimmonstowne	Worcester	MARYLAND
Date of death	Month	Day	Years
1909	Dec	31	Age 14
Sex	Color or Race	Birth-Place	Days
Female	white	Maryland	
Occupation	Where Reiding if not et place of death		
Married, Single or Widowed	Name of Wife or Huaband		
Father's Name	Samph West		
Mother's Maiden Name	Ida Nickils		
Name of person giving information	Emmy Hydelotie		

PHYSICIAN  
OR CORONER



Primary

Immediate

Diabetes Mellitus

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address



50

How long

How long

mouth

celerulation

Berlin

MD

Accident or Suicide

